



School of Medicine

## FTA AND VOLUNTARY FACULTY APPOINTMENT CHECKLIST

*The categories should be checked by the affiliate or WSU department initiating the faculty appointment\**

Name _____	Banner ID _____	Date OFA Received _____
Classification/Rank Requested _____	Position # _____	Degree Type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PhD
Track _____	Primary Affiliation _____	<input type="checkbox"/> Other Degree Type _____
Effective Date _____	Board Cert. # _____	Expiration Date _____
Department _____	MI Professional License # _____	Expiration Date _____

Document	Candidate	Affiliate	WSU Dept.	OFA
<b>Completed Checklist</b> as cover page for packet				
<b>Assignment Form</b>				
<b>Affiliate Chair Letter</b> ( <i>address teaching quality, quantity, duration @ WSU/prior institutions</i> )				
<b>WSU Chair Letter</b> ( <i>Chair may ask for waiver of external letters of recommendation if all of training was done at WSU</i> )				
<b>Letters of Recommendation</b> ▪ <i>Voluntary requires 1 letter (may be internal); FTA requires 2 external letters</i> ▪ <i>Affiliate Chair's letter (if applicable) counts as 1 letter of recommendation</i>				
<b>Letter of Offer</b>				
<b>FAMOUS Form</b> ( <i>FTA Only</i> )				
<b>Curriculum Vitae</b> (in required format) <i>For Voluntary CV requirements, go to: <a href="http://facaffairs.med.wayne.edu/voluntary_faculty_appointments.php">http://facaffairs.med.wayne.edu/voluntary_faculty_appointments.php</a> For FTA, see WSU SOM CV at: <a href="http://facaffairs.med.wayne.edu/faculty_forms.php">http://facaffairs.med.wayne.edu/faculty_forms.php</a></i>				
<b>Photocopy of Michigan license</b> (if applicable) <a href="https://W2.lara.state.mi.us/val/license/search">https://W2.lara.state.mi.us/val/license/search</a>				
<b>Photocopy of Board Certification(s)</b> (if applicable) MD: <a href="http://www.certifacts.org/specialties.html">http://www.certifacts.org/specialties.html</a> DO: <a href="http://www.osteopathic.org/osteopathic-health/Pages/find-a-do-search.aspx">http://www.osteopathic.org/osteopathic-health/Pages/find-a-do-search.aspx</a>				
<b>Official Transcript</b> (Ph.D. faculty without MI license only); Notarized copies acceptable for foreign graduates only				
<b>Faculty Data Sheet</b>				
<b>Background Check Request</b>				

### SUBMISSION INFORMATION

*(Affiliate departments should email complete packet as a .pdf to the affiliate liaison)*

<b>Submitted by:</b> _____	<b>Phone</b> _____	<b>Email</b> _____
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### To be completed by the Office of Faculty Affairs Only

Current Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prior Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date File Pulled	
E/C Review Date		E/C Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tabled <input type="checkbox"/> Corrections Required _____		
Background Check <i>(Requested by OFA)</i>	<input type="checkbox"/> Required <input type="checkbox"/> Not Required	Date requested:		Date results received:	
	Requested by: _____	Fully Executed LOO Recd.		Welcome Letter Sent	
FAMOUS Form AAMC Processing Date		Banner Entry Date		OFA Specialist	