

**Faculty Nomination Form**

Click here to enter a date.

Dear Appointment, Promotion, and Tenure Committee:

I would like to request a(n) CLICK HERE for the following individual for a CLICK HERE appointment.

**Complete Section 1:**

1. Does the candidate have a voluntary appointment at another academic institution? [ ] Yes [ ]  No
2. Does the candidate have a regular appointment at another academic institution? [ ] Yes [ ]  No
	1. If yes to any of the above questions, please indicate the university, department and rank (include those employed in a different college here at FIU): Click here to enter text.
3. Candidate’s Primary Practice site (if applicable):

|  |  |  |
| --- | --- | --- |
| [ ] Office: Click here to enter text. | [ ] Clinic: Click here to enter text.  | [ ]  Hospital: Click here to enter text. |

1. Does the candidate qualify as an Affiliate Faculty (\*please refer to page 2)? [ ] Yes [ ] No
2. Expected Responsibilities/Justification: Click here to enter text.

**Complete Section 2 (Secondary Appointments ONLY):**

Primary Department name: Click here to enter text.

Secondary Department name: Click here to enter text.

Will there be financial compensation from secondary Department? [ ] Yes [ ] No If yes, provide details: Click here to enter text.

**Complete Section 3 (Paid Appointments ONLY):**

Appointment type: CLICK HERE

Tenure track: CLICK HERE

\*If non-tenure track: CLICK HERE

**Complete Section 4:**

I have confirmed the following information is on the CV (if not, place N/A):

|  |  |  |
| --- | --- | --- |
| [ ]  State of Florida professional license  | [ ]  Education (MM/YYYY) | [ ]  Residency (MM/YYYY) |
| [ ]  Board Certified or eligible  | [ ]  Employment listed (MM/YYYY) | [ ]  Num. of Publications \_\_\_\_\_\_\_\_ |
| [ ]  Department matches Board  | [ ]  No Gaps in CV, unless satisfactory/approved by Chair  |
| [ ]  Other professional license \_\_\_\_\_\_\_\_\_\_\_\_\_ | (Gap explanation form preferred) |

**Complete Section 5:**

Department Name: CLICK HERE

Name of Candidate: Click here to enter text.

\*Rank You Propose: CLICK HERE

\*Refer to page 14 on the HWCOM Bylaws

Your time and consideration is greatly appreciated. **Secondary Appointments ONLY**

Sincerely,

\*Insert name here

Chairman, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Florida International University

Herbert Wertheim College of Medicine

\*Insert name here

Secondary Chairman, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Florida International University

Herbert Wertheim College of Medicine

**Courtesy Appointment Affiliation**

1. Is the candidate or their practice employed by any of the following Hospitals/Clinics listed below? ☐Yes ☐No

2. Is the candidate or their practice contracted by any of the following Hospitals/Clinics to teach students? ☐Yes ☐No

3. If yes to any of the above questions, please mark the Hospital/Clinic below:

**\*\*\* Employment only, please do not include Hospitals/Clinics the candidate have privileges with\*\*\***

Below is a list of our affiliate hospitals/clinics.

**Hospitals**

[ ] Aventura Hospital and Medical Center

[ ] Baptist Health South Florida

[ ] Baptist Hospital of Miami

[ ] Doctors Hospital

[ ] Homestead Hospital

[ ] South Miami Hospital

[ ] West Kendall Baptist Hospital

[ ] Bayside Ambulatory Center

[ ] Cleveland Clinic of Florida

[ ] Coral Gables Hospital

[ ] Doctors Memorial Hospital

[ ] Duke University

[ ] Florida Hospital

[ ] Good Samaritan Medical Center

[ ] Hialeah Hospital

[ ] Henderson Hospital

[ ] Jackson North Medical Center (Public Health Trust)

[ ] Jackson South Community Hospital

[ ] Kendall Regional Medical Center

[ ] Leon Medical Center

[ ] Mercy Hospital

[ ] Mount Sinai Medical Center

[ ] Nicklaus Children's Hospital formerly Miami Children's Hospital (MCH)

[ ] Broward Health Medical Center

[ ] North Okaloosa Medical Center

[ ] North Shore Medical Center

[ ] Palmetto General Hospital

[ ] South Broward Hospital

[ ] Joe DiMaggio Children's Hospital

[ ] Veteran's Administration Healthcare System (Broward & Miami)

[ ] Westchester General Hospital, Inc.

**FQHC**

[ ] Borinquen Health Care Center

[ ] Camillus Health, Concern, Inc.

[ ] Care Resource

[ ] Citrus Health Network, Inc.

[ ] Community Health of South Florida, Inc.

[ ] Helen B. Bentley Family Health Center, Inc.

[ ] House of Hope, Inc.

[ ] Jesse Trice Community Health Center, Inc.

[ ] Miami Beach Community Health Center

**Physician Practices**

[ ] Florida International University - Faculty Group Practice

[ ] Leidiana Figueroa, MD

[ ] MCCI Medical Group

[ ] Miami Kidney Group

[ ] Miami OBGYN Dreams

[ ] Miami Plastic Surgery

[ ] Nephron Partners

[ ] Orthopaedic and Sports Medicine Center of Miami

[ ] South Miami Surgery Center, LLC

**Others**

[ ] American University of Antigua

[ ] Diego Portales University

[ ] Florida Department of Health of Miami-Dade County

[ ] Fundacion Universitaria de Ciencias de la Salud

[ ] Instituto Henry Moore

[ ] Instituto Tecnologico de Santo Domingo

[ ] Jordan University of Science and Technology School of Medicine

[ ] Mayo Clinic

[ ] MetCare

[ ] Miami Rescue Mission

[ ] Pontifica Universidad Javeriana

[ ] Riviera Health Resort

[ ] Royal College of Surgeons in Ireland – Medical University of Bahrain

[ ] South Florida Infectious Disease and Tropical Medicine Center

[ ] South Florida Pulmonary and Critical Care, LLC

[ ] South Florida Evaluation and Treatment Center

[ ] Spartan Health Sciences University

[ ] Taipei Medical University

[ ] UHI Clinic

[ ] Universidad Alas Peruanas

[ ] Universidad Central del Este

[ ] Universidad de Buenos Aires Facultad de Medicina

[ ] Universidad de Ciencias Medica

[ ] Universidad de Santander

[ ] Universidad del Sinu

[ ] Universidad del Valle

[ ] Universidad Francisco de Vitoria

[ ] Universidad Iberoamericana

[ ] Universidad Nacional Pedro Henriquez

[ ] Universidad Peruanas de Ciencias Aplicadas

[ ] University of Malaya

[ ] University of the West Indies

[ ] Vanderbilt University

[ ] VITAS Healthcare Corporation

[ ] **NOT APPLICABLE**

\*If any of the above Hospitals/Clinics have been marked, please indicate “Yes” on the Faculty Nomination Form, Question 4.

\*If NOT APPLICABLE on any of the above Hospitals/Clinics, please indicate “NO” on the Faculty Nomination Form, Question 4.