

## Non-Salaried Faculty Appointment Application Request Form

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**Once completed, please submit this form via mail or email to:**

Office of Faculty Affairs - MSC 21006

5001 El Paso Dr.

El Paso, TX 79905

**Or**

[fservices@ttuhsc.edu](mailto:fservices@ttuhsc.edu)

### Candidate Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Physical Address: \_\_\_\_\_ Office Support's Name \_\_\_\_\_

Contact Number: \_\_\_\_\_ Office Support's Number: \_\_\_\_\_

Candidate's Email: \_\_\_\_\_ Office Support's Email: \_\_\_\_\_

Candidate's Practice Specialty(ies): \_\_\_\_\_

**Preferred mode of Application Delivery:**

Physical Address

Email

**Proposed Academic Department:**

**Date Department Chair Approved Issuance of Invitation to Apply:**

**Will this Candidate be providing Patient Care/Clinical Services?**

**YES**

**NO**

*If Yes, have credentialing forms been requested by the TTUHSC El Paso Credentialing Office?*

*Yes*

*No*

*Date Credentialing Forms Sent to Candidate:*

**Candidate's Anticipated Contribution to the Institution: (please select all that apply)**

Teaching

Patient Care

Research/Scholarship

Administrative Service (Committees, Admissions Interviewer, etc.)

Other: \_\_\_\_\_

\_\_\_\_\_

**Program(s) in which candidate will work (SCI, Clerkship, Residency, etc.):**

\_\_\_\_\_

**Anticipated Start Date:**

**Comments:**

**Is candidate's CV attached?**

**YES**

**NO**

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

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**For Internal Use by The Office of Faculty Affairs:**

Date of Form Receipt:

Date of Candidate Application Receipt:

Date Application Sent: