

**UNIVERSITY OF HAWAI'I AT MĀNOA, NANCY ATMOSPORA-WALCH SCHOOL OF NURSING
REQUEST FOR NON-COMPENSATED ADJUNCT OR CLINICAL FACULTY APPOINTMENT**

INSTRUCTIONS: please complete this form and send with your current resume or curriculum vitae (CV) to the office of the dean using the university filedrop system at <https://www.hawaii.edu/filedrop/>, with mcfa@hawaii.edu as recipient.

Name:			Credentials (RN, CCRN, APRN, etc):		
Highest Educational Attainment:			Year Degree Attained:		
Employer:			Title:		
Area(S) of Expertise:					
Work Address:			Home Address:		
City:	State:	Zip:	City:	State:	Zip:
Work Ph:	Cell Ph:	Home Ph:	Pager:		
Email Address(es):					

PLEASE STATE YOUR CURRENT FACULTY AFFILIATION AND STATUS. Write N/A if not applicable.

School/College: _____ Department: _____
 Status: Adjunct / Clinical / Affiliate Graduate Faculty or Regular Faculty
 Rank (i.e., Instructor, Assistant, Associate or Full Professor): _____

LICENSES & CERTIFICATIONS (Required)

Type and # (e.g., RN, CCRN, etc.)	State	Year
1.		
2.		
3.		

Do we have your permission to add your email address to a listserv to communicate with you opportunities to participate in school activities? Yes No

PLEASE CHECK ALL SERVICE OPPORTUNITIES YOU ARE INTERESTED IN PARTICIPATING.

- | | | |
|-----------------------------------------------------------|----------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Precepting Students | <input type="checkbox"/> Guest Lecturer | <input type="checkbox"/> Guest Workshops |
| <input type="checkbox"/> Simulation/Learning Lab | <input type="checkbox"/> Committee Work | <input type="checkbox"/> Doctoral Committee (PhD Required) |
| <input type="checkbox"/> Student Mentoring | <input type="checkbox"/> Presenting Research | <input type="checkbox"/> Co-Investigator For Research |
| <input type="checkbox"/> Other(S). Please Describe: _____ | | |

The following information is required in uploading your credentials to your University profile. If you prefer to relay your SSN by phone, please call our HR Office at (808) 956-5429.

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity:	Date of Birth:
Marital Status:	Social Security #:	Citizenship Type (US Citizen, Resident Alien, etc.):

By signing this form and submitting my resume/CV as an attachment to this request, I confirm that the information provided is accurate, and that I have read the adjunct/clinical faculty expectations above. If selected, I will fulfill my obligation(s).

Signature of Requestor: _____

Date: _____

FOR NAWSON OFFICE USE ONLY:

APPROVED DISAPPROVED (Dean or Dean Designee):

Signature _____

Date _____

Assigned Rank: Adjunct Clinical Instructor Assistant Professor Associate Professor Professor