Keck School of Medicine of USC Recommendation for Voluntary Faculty Appointment

				Date:	
		<u>Candida</u>	te Details		
Full Legal Name:			Degree:	Year:	
Mailing Address:			Univ.:		
Email (Non-USC):			Alt Email:		
		<u>USC Aff</u>	iliations		
Department:			Division:		
Secondary Dept:			Institute:		
Administrator:			Email:		
	(Must be approved by Keck Fo				
		<u>Appointm</u>	ent Details		
Rank and Title:					
Start Date:	(No retroactive start d		End Date:	(Maximum term is 2 Years.	must and lung 20th
	(No retroactive start a	ates)		(Maximum term is 2 Years,	must end June 30)
1. Is the candida _ No	ate a current or former member o	f our USC paid or vo	oluntary faculty?		
_ Yes, Paid					
_ Yes, Volunt	tary Dept:		USC ID #:	End Date	2:
	vices which the candidate will prov				
_ Research/C	Collaboration _ Inpatient Select all that apply): _ USC Med	Consultation	 Billable Clinical Sei USC House Staff 	rvice Didactic	Bedside
_ Other – Ple		incal students			_ beuside
_					
3. Will the cand	lidate provide any services which r	require clinical privi	leges as a member o	f our USC voluntary facult	
	eges with Keck Medicine, Norris Car				
_ No					
_ Yes, Details	J				
	acility at which the candidate will				
_ None – Not Applicable _ LAC+USC Hospital Keck Medicine Norris Cancer Center			Children's Hospital Los Angeles Verdugo Hills Hospital		
_ Other – Ple					
5. Will the depa	artment provide malpractice insura				
_ No – The d	department will not provide malpra	actice insurance			
_ Yes – The d	lepartment will provide malpractic	e insurance			
	clude with this form a signed cover				
All appoi	intments are renewable at the end	d of the term at the	discretion of the Dep	partment Chair with appro	oval of the Dean.
Chair, Primary	Department	Date	Division Chief		Date
Chair, Seconda	ary Department	Date	Institute Directo	r	Date
Dean, Keck Sch	hool of Medicine of USC	Date			