



## Affiliated Faculty Request Form

### School of Nursing and Health Studies

Last updated: October 17, 2024

Qualified staff members of hospitals and medical research institutions with which the University has an affiliation agreement may receive appointments as Affiliated Faculty in the School of Nursing and Health Studies (SONHS). These appointments may be continued until normal retirement, subject to annual renewal by the University and continuing employment in the affiliated institution. Affiliated Faculty are not paid by the SONHS ([Faculty Manual](#), C2.4, (b)).

<b>Candidate's Name</b>		<b>Proposed Title</b>	
<b>Start Date</b>		<b>End Date</b>	
<b>Primary Affiliated Institution</b>			

#### INSTRUCTIONS

All paperwork must be in a single PDF in the sequence/order according to the checklist below. **Complete final packet must be sent to [facultyaffairs@miami.edu](mailto:facultyaffairs@miami.edu), at least ten business days from the proposed start date of the appointment.**

Affiliated Faculty appointments are valid for a period of up to one year and must be renewed if they are to continue after the end date. It is the school's responsibility to resubmit a renewal application request, with all the required documentation, prior to the end date of the current appointment.

#### VOTING INFORMATION

Number of faculty eligible to vote on this case  
(ensure that all vote totals in the section below equal this number)

**Affiliated Faculty Status**                      Yes                      No                      Abstain                      No Present

#### DEANS'S RECOMMENDATION

Explain the nature of the affiliation and the proposed duties and responsibilities

## CHECKLIST

Provide the following documentation attached to this form

	For current UM employees, include the approval (email ok) from the immediate supervisor from the primary affiliated institution
	Appointment letter draft
	Curriculum Vitae
	Copy of terminal degree transcripts and Florida license(s)
	<a href="#">Personal Data Form</a>

Dean Name

Signature

Date

**THE SECTION BELOW IS TO BE COMPLETED BY THE OFFICE OF FACULTY AFFAIRS**

Approved

Denied

**Comments (if any)**

Vice Provost for Faculty Affairs

Signature

Date