



Affiliate/Volunteer Faculty Request Form and Appointment Application

External User Guide

Primary Contact Information

Please enter your preferred contact information. **Mark EACH as either personal or business.** (Required)

Request & Application Process

Enter the address, city, state and zip code (home or affiliation/practice)

Enter the preferred phone number (cell or business type)

Enter email address (business or personal type)

Type	Personal	Business
Address	☐	☐
Phone	☐	☐
Email	☐	☐

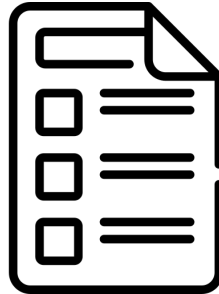
Are You Board Certified?

(Required)

The A/V Faculty Appointment process for new applicants is divided into two parts: the **request form** and the **application** itself.

The request form is public, while the application is invite-only. Once your request form is submitted and approved, you will receive a link to complete the application.

Request Form



Application



To get started, go to the Faculty Affairs, Division of Faculty Appointments and Engagement website:

<https://med.ucf.edu/faculty-affairs/affiliated-and-volunteer-faculty/>

On the Faculty Appointments and Engagement site, you will find the new appointment process instructions including the request form link and this user guide.

NEW!

Select the “Request Form” button to take you to the form in a new window.

FACULTY APPOINTMENT PROCESS FOR NEW APPOINTEES

Step 1:

Complete the Affiliate and Volunteer Faculty Appointment Request Form.

[REQUEST FORM](#)

Step 2:

The request form will be processed and if approved, you will be invited to apply for an appointment.

Helpful Resources:

A detailed user guide that walks you through the Appointment Process.

[USER GUIDE](#)

UCF College of Medicine
Affiliate & Volunteer Faculty Appointment Request Form
New Appointees Only

To request a faculty appointment with UCF College of Medicine, please indicate your UCF faculty sponsor or UCF program sponsor, as well as the rationale for the appointment.

Request Form

A sponsor is required.

Additional instructions will be emailed if your request is approved.

If you have any questions or concerns, please contact our office at [407-266-1104](tel:407-266-1104) or email us at comfaa@ucf.edu.

Who Is Sponsoring this Appointment?

Please select one option.

UCF COM Faculty Sponsor

UCF COM Program Sponsor

It is important to note that a sponsorship is required to complete this form.

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Who Is Sponsoring this Appointment?

Please select one option.

UCF COM Faculty Sponsor

UCF COM Program Sponsor

Are You Requesting an Appointment for Yourself, Others, or Both?

Self

Others

Both

Although you may pause the request form and continue later, we recommend you complete this in **one session**.



All questions on this form require an answer.

You can request an appointment for up to 5 applicants on this form. Please provide rationale for all applicants.

How Many Requestors Would You Like to Enter?

1 2 3 4 5

Please Provide the First Requestor's Full Name and Email Address.

First Name

Last Name

Email Address

Please Provide the Second Requestor's Full Name and Email Address.

First Name

Last Name

Email Address

Please Provide the Third Requestor's Full Name and Email Address.

First Name

Last Name

Email Address

Please Provide a Brief Rationale of the Expected Academic Assignment Such as Teaching, Clinical Oversight, and/or Service.

Primary Contact Information

Please enter your preferred contact information. Mark **EACH** as either personal or business. (Required)

	Type	
	Personal	Business
Enter the address, city, state, and zip code (home or affiliation/practice)	☐	☐
Enter the preferred phone number (cell or business type)	☐	☐
Enter email address (business or personal type)	☐	☐

Are You Board Certified?

(Required)

After submitting the request form, you will receive an invitation to apply for an appointment through an application link in your email.

NOTE:

ONLY APPROVED REQUESTS WILL RECEIVE AN INVITATION TO APPLY FOR AN APPOINTMENT

Thank you for your interest in joining the affiliate or volunteer faculty at the UCF College of Medicine. Faculty appointments are extended to individuals who actively participate in qualifying teaching activities within one or more of our educational programs. A UCF faculty or program sponsor is required to support the appointment process.

The application consists of the following required information:

- Personal Data
- Academic Assignment
- Current CV (Word or PDF Format)

Once the application is submitted, medical credentials will be verified and a faculty agreement letter will be sent for your review and signature. **The agreement letter is contingent upon successful review and final approval from the College of Medicine, Office of the Dean and UCF Vice Present for Health Affairs.** UCF faculty benefits and privileges will be activated upon final approval.

Please allow up to 30 days for processing, pending all documents and appointment requirements are met.

If you have any questions or concerns regarding the appointment process, please contact our office at 407-266-1104 or email us at College of Medicine Faculty Affairs Appointments comfaa@ucf.edu.

Welcome to our academic community!

The application is broken down into three sections:
**Personal Data,
Academic
Assignment, and CV
Upload.**

Academic Assignment

Please select all applicable programs where you will be teaching, providing clinical supervision or service. (Required)

Academic assignment requires responses related to your **active** teaching/sponsored engagement in our programs. Select all that apply.

M.D. Program

UCF/HCA GME Residency Programs

Other

M.D. Program Activity

Please select one or more activities. (Required)

Student Affairs (Admissions Interviewer, Student Advisor, etc.)

Pre-Clerkship Activities (Years 1 - 2)

Clerkship Activities (Years 3 - 4)

Some responses will display additional questions. For example, selecting M.D. Program displays an additional M.D. Program Activity question.

Some personal data questions will require responses in certain fields, as evident by the * **(Required)** tag

Personal Data

Please enter your bio-demographic information as shown on your medical license, if applicable.

* (Required)

* Prefix:
(Dr, Mr, Ms)

* First Name:

Middle Name:

* Last Name:

Suffix:

Terminal Degree:

* Ethnicity:
(White, Hispanic, Other, etc.)

* Gender:
(M, F)

* Citizenship:
(US Citizen, etc.)

* Last 4 Digits of SSN:

* Date of Birth:
(mm/dd/yyyy)

* Marital Status:

In the Personal Data question, for example, only **Middle Name, Suffix, and Terminal Degree** are not required.

Most questions allow for multiple answers, please select all that apply.

UCF / HCA G.M.E. Residency Programs

Please select your residency programs. (Required)

Anesthesiology Residency

Cardiovascular Disease Residency

Dermatology Residency

Emergency Medical Services Fellowship

Emergency Medicine Residency

Endocrinology Fellowship

Gastroenterology Fellowship

General Surgery Residency

Geriatrics Fellowship

Hospice & Palliative Care Fellowship

Internal Medicine Residency

Are You Board Certified?

(Required)

Yes (enter specialization)

No

Not Applicable



Has This Course Been Approved by the M.D. Program Curriculum Committee?

(Required)

Yes

No

Unsure

In contrast, some questions can only have one answer out of many - **Yes, No, Not Applicable, or Unsure.**

A CV is required for this application, either in Word or PDF format.

CV / File Upload

CV Upload

Please upload a CURRENT CV (Word or PDF Format) for this application to be processed correctly.
(Required)

Drop files or click here to upload

Additional File Upload

Please submit an additional file, if needed. (Limit of 1)

Drop files or click here to upload

If needed, another file can be uploaded here.

Any remaining files you deem necessary must be emailed to us at comfaa@ucf.edu.



UCF

College of Medicine

UNIVERSITY OF CENTRAL FLORIDA



Helpful Information

- The Application Process is broken down into a public Request Form and an invite-only Application.
- After filling out the Request Form, if applicable, you will receive an invitation to apply for a faculty appointment.
- Do not worry if you miss a required question – both the Request Form and the Application will let you know and will prevent you from moving forward.
- If you have any questions, feel free to reach out to us at comfaa@ucf.edu.