



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

	Personal	Business
Enter the address, city, state and zip code (home or affiliation/practice)	<input type="checkbox"/>	<input type="checkbox"/>
Enter the preferred phone number (cell or business type)	<input type="checkbox"/>	<input type="checkbox"/>
Enter email address (business or personal type)	<input type="checkbox"/>	<input type="checkbox"/>

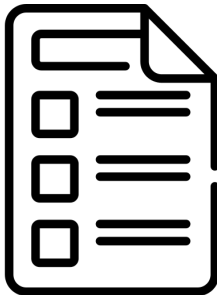
Are You Board Certified?

(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 both the request form for this appointment process, as well as the application for the reappointment process.

FACULTY APPOINTMENT APPLICATIONS

FACULTY **NEW** APPOINTMENT PROCESS

Complete the Affiliate and Volunteer Faculty Appointment Request Form.

[REQUEST FORM](#)



Helpful Information:

A detailed user guide that walks you through the appointment process.

[USER GUIDE](#)

FACULTY REAPPOINTMENT PROCESS

Complete the Affiliate and Volunteer Faculty Renewal Application Form.

[APPLICATION](#)



Helpful Information:

Please see the Reappointment Dropdown below to see important information regarding the renewal process.

Either select the “Request Form” button or scan the QR code to take you to the form in a new window.

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.

Sponsorship is required.
Additional instructions will be emailed if your request is approved.

Request Form

If you have any questions or concerns, please contact our office at [407-266-1104](tel:407-266-1104) or email us at College of Medicine Faculty Affairs Appointments 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.

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

Request Form Instructions: Please complete this form to request a courtesy faculty appointment for yourself or another individual. *Appointee's preferred email contact is required! This form is limited to one (1) individual per request.*

I. Sponsorship Requirement

Sponsorship is formal support from an authorized UCF program or institutional representative confirming that the requested faculty appointment is appropriate and necessary for the appointee's academic role. The sponsor verifies the individual's involvement in approved teaching, mentoring, or program activities (academic assignment).

NOTE: You cannot name yourself as a sponsor

Eligible sponsors include:

- UCF MD Program Curriculum/Clerkship Director (COM Faculty Sponsor)
- UCF/HCA GME Residency Program (COM Program Sponsor)
- Affiliated Institution Sponsor

II. Rationale for Request

A brief rationale may be required to describe the appointee's specific area of involvement within the educational program (e.g., clerkship instruction, clinical teaching, student advising, or other academic contributions).

III. Next Steps

If the request is approved, an invitation to submit a formal **faculty appointment application** will be sent to the applicant's email. Denied requests will receive an automatic email notification.

Need Assistance?

For questions or concerns, please contact:

☎ 407-266-1104

✉ comfaa@ucf.edu

UCF College of Medicine

Office of Faculty Affairs, Division of Appointments and Engagement

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



You can request an appointment for yourself or another individual.

Are you requesting an appointment for yourself or another individual?

Self

Another Individual

Please provide the applicant's full name, email and terminal degree.

First Name
Last Name
Email Address
Terminal Degree

Who is sponsoring this appointment?

Please select one option. *NOTE: Applicant cannot be a sponsor.*

UCF COM Faculty Sponsor

UCF COM Program Sponsor

UCF COM Affiliated Institution Sponsor

Please provide a brief rationale of the expected academic assignment such as teaching, clinical oversight, and/or service.

Some responses will display additional questions asking for further detail when answered.

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)	<input type="radio"/>	<input type="radio"/>
Enter the preferred phone number (cell or business type)	<input type="radio"/>	<input type="radio"/>
Enter email address (business or personal type)	<input type="radio"/>	<input type="radio"/>

Are You Board Certified?

(Required)

Application

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

This application link will expire in 21 days, please complete upon receipt to avoid any delays.

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!

NOTE:

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

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

Some 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.

Academic Assignment

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

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)

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

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

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 - **Yes, No, Not Applicable, or Unsure**, for example.

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

Additional Comments

If needed, another file can be uploaded here; moreover, any additional comments for us can be left below.

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



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.
- Recipients have 21 days to complete the application via the invitation link once sent.
- 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.