**FACULTY APPOINTMENT APPLICATION**

**CAPT CHECKLIST**

|  |  |  |
| --- | --- | --- |
| **Candidate’s Name:** | **Department** | **Date** |
| **Candidate’s Address:** |  |  |
| **Rank:**  | **Type:** | **Reason:** | **Focus: (Choose Only One)** |
| □ | **INSTRUCTOR** | □ | **Standard** | □ | **Beaumont Employed** | □ | **Clinician-Investigator** |
| □ | **ASSISTANT** | □ | **Tenure Track** | □ | **Meaningful Participation/Community** | □ | **Clinician-Educator** |
| □ | **ASSOCIATE** | □ | **Tenured** | □ | **Oakland Employed** | □ | **Investigator** |
| □ | **PROFESSOR** | □ | **Adjunct** |  |  | □ | **Clinician** |
|  |  | □ | **Secondary** |  |  | □ | **Educator** |
|  |  | □ | **Emeritus**  |  |  | □ | **Librarian** |
| **Chair’s Comments** |
| Comments: |
| For additional Information, Contact: The Office of Faculty Affairs at medfacaffairs@oakland.eduor(248) 370-3626 or (248) 370-370-3640 |  | Date Received  | For FA Use Only: | Yes | No | Unanimous |
| Recorded CAPT Vote |  |  |  |
| CAPT Agenda Date |

 Faculty Affairs Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_