

NOTICE OF ADJUNCT FACULTY APPOINTMENT

[Date]

[Address]

Dear :

On behalf of the Dean, Joseph I. Shapiro, M.D., and the Department of [DEPARTMENT NAME], I am pleased to offer you appointment as an adjunct faculty member of the Joan C. Edwards School of Medicine (SOM) at Marshall University as an [Select RANK: Instructor, Assistant, Associate or Professor], effective AY 2019-2020.

This appointment is a part-time, at-will, non-tenure track appointment, and as such is not subject to the provisions of the West Virginia Higher Education Policy Commission Title 133, Procedural Rule Series 9, nor will you be entitled to any salary or benefits from the SOM. You shall report to and your duties will be assigned by the Dean of the SOM or his/her designee. If you choose to accept this appointment, it is anticipated that you will, to the extent practicable, assist in the following duties and responsibilities:

- The development and delivery of the educational curriculum of the SOM to medical and/or graduate students.
- Supervision of clinical training activities with respect to any postgraduate training programs currently offered by the department.
- Initiation of and/or participation in specific research or other academic or scholarly activity which is consistent with your educational background, training, experience and interests.
- Participation in such public service programs and activities as may be developed by the SOM and/or the Department and which are appropriate to your educational background, training, experience and interests.

As an Adjunct faculty member, you will be eligible to participate in SOM and Department faculty meetings, colloquiums, continuing education programs and attend the traditional academic exercises, including opening exercises and Investiture as may be determined by the Dean or Department Chair.

As an Adjunct faculty member you will be expected to adhere to all policies, procedures, rule, regulations or requirements of the University.

This Notice of Adjunct Faculty Appointment may be terminated at any time by either party.

On behalf of Dean Shapiro and the entire SOM, I wish to thank you for your willingness to participate in our educational and training programs. It is only through the efforts of volunteers such as yourself that the SOM can offer the comprehensive and diverse educational opportunities and achieve the margin of excellence for which it strives. Please signify your acceptance of this appointment by signing and returning one copy of this notice to the Office of the Dean of the SOM in the enclosed envelope.

Sincerely,

[Name]

Chair, Department of [Department Name]

APPROVED: _____

Joseph I. Shapiro, M.D.
Dean, School of Medicine

ACCEPTED: _____ DATE: _____

Email Address: _____