**FACULTY NOMINATION FORM**

**ADJUNCT/CLINICAL/CONSULTING FACULTY IN SCHOOL OF NURSING**

This form is used by Duke School of Nursing faculty to nominate deserving individuals for School of Nursing faculty appointments. The form is completed by faculty members and forwarded to the Business Office. Please attach an updated cv for the nominee.

**Qualification Criteria: All nominees are expected to have provided service, and will continue to provide services to the School of Nursing in the future (e.g. has precepted students, guest lecture in class, recruited students).**

1. **Adjunct Faculty Appointments** (e.g. Adjunct Assistant Professor, Adjunct Associate Professor): Doctoral degree, already holds a faculty appointment at another university/educational institution.
2. **Clinical Associate:** Master degree or doctoral degree, full time monthly staff member/employee at Duke University (and/or Duke University Health System).
3. **Consulting Associate:** Master or doctoral degree, ***not*** an employee of Duke University.

**Nominee Identification Data:**

Name (last, first, middle initial):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address (street):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (if any):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Position/Duty Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past/recent contributions to Duke School of Nursing:**

Preceptor: Most recent semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of students:\_\_\_\_\_\_

Previous semester(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of students:\_\_\_\_\_\_\_\_\_

Guest Lecturer: Most recent semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course number/title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Instructor: Most recent semester: \_\_\_\_\_\_\_\_\_\_ Course Number/title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type duties performed (e.g. lab instructor; clinical site visits, etc)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recruited students: Name of students most recently recruited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Future Contributions to Duke School of Nursing**: (Please specify)

NOMINATING FACULTY PRINTED NAME/SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE PREPARED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DIRECTOR/CHAIR/AD SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL OFFICIAL SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_