Request to Recruit - Clinical

Donartmont

campus.	Department.			
Requestor/Department Contact: Name:		Title:	Email:	
Type of Action:				
New Position:	Replacement:	Joint Appointment:	Joint Department:	
If Replacement: Replacement for whom:			Termination Date:	
Position #:	Requisition #:			
Is this position a basic requirement for fellowship/residency program? Yes No Explain:				
Where will this primary Location	position be credent	ialed?		

Recruiting:

Secondary Location?

Compuc

Department Contacts for Recruiting questions & needs:

Contact Person 1: Name
Contact Person 2: Name
Contact Person 3: Name
Contact Person 4: Name
Contact Person 5: Name
Contact Person 5: Name
Contact Person 6: Name
Preferred Contact Phone number:

Who will have the initial zoom call with potential candidates?

Job description: (Please attach a copy of job description)

What are the top 3 duties of this position?

What is the weekly percent time commitment/workload for the following:

Clinical Responsibilities:

Administrative Responsibilities:

Research Responsibilities:

Teaching Responsibilities:

What are the leadership responsibilities for this role?

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What are the estimated call requirements for this position? What is the amount of OR block time? Are they participating in Telemedicine?

What is a unique piece of information about your department or faculty that you would like potential candidates to know? Ex: Focus on mentoring; faculty willing to share call; faculty meetings; research interest; Will they be working with hospitals/centers/institutes; etc.

EEO: Please list any recommendations on where to post position. Are there any posting sites the Department Chair has access (specialty specific organization sites)?

Are you currently aware of any internal/extern Name:	Contact Email:
Name:	Contact Email:
Financing: Please Complete ProForma Excel	
Requested by Chair:	
At This point please send completed form and ProF	Forma to Julie.Barclay@ttuhsc.edu
Internal Us	se Only below this line
Reviewed for Funding:	
Presented to Recruiting and Retention Steering Cor	mmittee(Date):
Approved by Dean/Regional Dean:	
Comments:	

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