

Annual Reappointment Form Of Clinical Fellows/Trainees

In order for the GME office to process a reappointment request of a clinical fellow, please submit the Clinical Fellow reappointment form with a **CURRENT CV** attached.

The Clinical Fellow Reappointment form must be signed by the Division Chief AND the Department Chair. This form should be submitted to the GME office, in addition to the web-based advancement form, *as soon as possible* but no later than March 1st.

Name: _____
 First Name Middle Name Last Name

PROGRAM (*NOT* department/division): _____
*** If entering a new program, even within the same division,
a new appointment request packet is required, NOT a reappointment form. ***

Classification Requested (Check one):

Clinical Fellow / _____ / (employee-status: paid a salary, funding source: departmental, start-up, etc)

Clinical Fellow Trainee / _____ / (employee status: paid a stipend, funding source: NIH T32 training grant, fellowship, etc)

Requested reappointment period (not to exceed one year):

Start date: _____ **End date:** _____

Future Postgraduate Level _____ **Future yearly stipend level \$** _____

Specify whether this will be (Circle one): **ACGME year** OR **Non-ACGME year**
(Will this appointment year count toward ACGME program completion?)

Source of funding support:

Center Number(s): _____ _____ _____	Description(s): _____ _____ _____
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Approved by:

Division Chief: _____ **Date:** _____

Department Chair: _____ **Date:** _____