



Request to Recruit - Clinical

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 position be credentialed?

Primary Location?

Secondary Location?

Recruiting:

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 6: Name

Preferred Contact Phone number:

Preferred Contact Phone number:

Preferred Contact Phone number:

Preferred Contact Phone number:

Preferred Contact Phone number:

Preferred Contact Phone number:

Who will have the initial zoom call with potential candidates?

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?

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/external candidates for this position?

Name:

Contact Email:

Name:

Contact Email:

Financing: Please Complete Pro Forma Excel

Requested by Chair:

Date:

_____ **Internal Use Only Below Line** _____

Reviewed for Funding: _____ **Date:** _____

Presented to Recruiting and Retention Steering Committee(Date):

Approved by Dean/Regional Dean:

Date:

Comments: