

## South Carolina AHEC Request for Faculty Appointment

Name DOB	SSN	E-mail address	
Proposed Ran Anticipated S AHEC Site:	ointment: New Start Date:		
Status: F	ull Time Volunteer (Cli	nical)	
Area of Prima	ary Responsibility: n		
Program Dire	ector's Signature:	Date:	

## AHEC VERGE APPOINTMENT PROCESS

You will need to send the following items to <a href="martinc@musc.edu">martinc@musc.edu</a>, <a href="martinc@musc.edu">webek@musc.edu</a>, and <a href="martinc@musc.edu">facultysupport@verge-operating.com</a>

- 1. South Carolina AHEC Request for Faculty Appointment
- 2. Letter of Proposal from the Program Director to the South Carolina AHEC Executive Director
- 3. Applicant's Electronic CV in Word Format (CV should indicate month and year for duration of education, training and employment.)
- 4. Personal Statement
- 5. Release Form for Transcript
- 6. For fulltime faculty at the Professor or Associate Professor level, two or more letters of recommendation from colleagues addressed to the South Carolina AHEC Executive Director are required.