

Adjunct Faculty Renewal Form

Form Number	HRAD F035
Referenced Policy	Adjunct Faculty Policy

Application Type	
Please tick the appropriate	
☐	Renewal of existing appointment

Applicant's Details	
Full Name	
Email Address	
Specialty	
Place of Employment	
Current Clinical Rank & Title at the healthcare facility	
Date of first appointment at the healthcare facility in present grade	
Current Adjunct Rank & Title	
Date of appointment to adjunct rank at MBRU	

Applicant's contributions to MBRU over the last 3 years including areas of engagement (Tick)
☐ Contribution to the design and development of a course curriculum (if checked, please indicate specialties of interest including basic and clinical sciences) ☐ Contribution to on-campus delivery of the course curriculum (if checked, please indicate specialties of interest including basic and clinical sciences). ☐ Contribution to assessment: Exam Questions; OSCE; Work-based Assessment: MMI; etc ☐ Bedside / Clinical Teaching ☐ Designing and participation in simulation teaching scenarios ☐ Clinical Attachment off campus (e.g. accepting students for summer electives, clinical placements) ☐ Contribution to research with faculty and students ☐ ORCID and/or Scopus Number ☐ Name of MBRU faculty that coordinates your activity.
Please use space below to indicate details of the areas of engagement, specialty and amount of time that has been committed to teaching, assessment or research (e.g ; number of hours per week or month)

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Attestation by applicant	
To the best of my knowledge, the information and supporting documentation contained in this application is true and complete.	
Signature of Applicant	
Date	

Attestation by applicant's Hospital Medical Director / Representative	
On the basis of discussion with the applicant and after having perused the information contained herein, I support this application for appointment.	
Signature of Medical Director / Representative	
Date	

Instructions:

1. Applicants should refer to the document “Guidelines for Adjunct Faculty Appointment” to ensure that all requirements are met.
2. Applicants should discuss their application with their chairperson/supervisor/line manager as applicable and obtain endorsement before submission.
3. All completed applications to be signed by both the applicant and Medical Director/Representative of the medical healthcare facility.
4. For renewal applications, please ensure that the completed and signed academic activities report is attached.

Details of documents to be enclosed:

1. The applicant's curriculum vitae containing information on complete list of qualifications held, employment history, teaching experience, clinical experience, other relevant experience, current research activities, a bibliography of publications and a listing of grants obtained.
2. Applicant's valid copy of passport (including residency permit page) and Emirates ID.