REPORT OF FACULTY APPOINTMENT
VANDERBILT UNIVERSITY SCHOOL OF MEDICINE

1. Department of ________________________________
   Division ______________________________________

2. Academic Rank __________________________________

3. Track: (check)
   □ Tenured:           □ Physician Scientist Investigator  □ Basic Science Investigator
   □ Tenure Track:     □ Physician Scientist Investigator  □ Basic Science Investigator
   □ Non-Tenure Track: □ Clinician Educator              □ Basic Science Educator
                      □ Clinical Practice                      □ Research
                      □ Other                                  

4. □ Full Status       □ Full Status/Partial Load _____% effort □ Part Time

5. Effective Date of Appointment ________________________________

6. Promotion of individual holding non-faculty position (prior Vanderbilt position: staff, resident, fellow)

7. Written job announcement/advertisement prepared? _____ (Must be attached)

8. Please list publication(s) in which the position was advertised.

9. List any professional contacts or sources used in recruitment.

10. What efforts were made to identify and recruit qualified minorities and women for this position?
    (This question must be answered where a goal exists in the School or College under the
    Affirmative Action Plan.)

    Please describe.

(Updated: 12/10/15)
11. Race and Sex Breakdown **(MUST BE COMPLETED AND SELECTED APPLICANT IDENTIFIED)**:

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<tr>
<th># of Applicants Interviewed</th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
<th>American Indian/Alaska Native</th>
<th>Asian</th>
<th>Pacific Islander</th>
<th>2 or more races</th>
<th>Unknown</th>
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12. Name of Applicant Selected: _______________________________________________________

13. Is a complete file available within the Department reflecting activity surrounding the recruitment and selection process for this appointment?
   - ☐ Yes   ☐ No

14. Recruitment and selection efforts for this position followed University equal employment and affirmative action policies, including non-discrimination against people with disabilities.

   Signature:  _______________________________________________________________________
   (Department Chair/Designee)
   ____________________________
   (Date)