



## Volunteer Adjunct Faculty Appointment & Memorandum of Agreement

This Memorandum of Agreement (this “MOA” or this “Memorandum of Agreement”) appoints \_\_\_\_\_ MD as a Volunteer Adjunct Faculty at Saint Louis University in the School of Medicine, Department of Family and Community Medicine. This assignment is from \_\_\_\_\_ to \_\_\_\_\_.

This voluntary assignment may include payment of a stipend in the amount, ~~000~~\$100 per cycle. Volunteer Adjunct Faculty will receive ~~access~~ to the Saint Louis University online library and University email; instructions will be sent via email to appointee personal email address after MOA has been accepted by appointee and approved by Department Chair.

The responsibilities of this appointment are to provide Saint Louis University students clinical experience with the opportunity to hone skills at diagnosis, physical examination, and general patient care.

1. The appointee agrees to abide by all applicable University policies and procedures.
2. This appointment is contingent upon clearing a criminal background check. Saint Louis University partners with AAIM (a secure third party) to complete the criminal background check process. Upon receipt of the signed MOA agreement, the appointee will receive an email from AAIM to complete the criminal background check process; you will be prompted to put in your name, social security number and previous addresses.
3. While it is anticipated that the term of employment will be continued for the full period noted above, the University reserves the right to terminate this agreement at any time. All voluntary appointees will be ~~re~~re-credentialed after five years.
4. The appointee is not entitled to any advance notice that this agreement will not be renewed.
5. It is expected that the Volunteer will maintain a medical staff appointment at a regional healthcare facility.
6. Board Certified Volunteer Adjunct Faculty will automatically receive the rank of Assistant Professor, Adjunct Faculty.
7. The appointee must provide a copy of license, current medical staff appointment and CV/resume. Please attach these items in email response with signed MOA.

Completion of this Volunteer Adjunct Faculty MOA requires the following information for appointment in addition to sending in your required documents listed in #7:

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: M / F Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency #: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the information provided in this form is correct. I understand that this Volunteer Adjunct Faculty appointment is subject to completion of submitting my signed MOA, license, CV and clearing a criminal background check.

Appointee Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_