THE UNIVERSITY OF TENNESSEE KNOXVILLE
COLLEGE OF NURSING

Request for Non-Compensated Adjunct Faculty Appointment

Please download and complete this form and return the completed form, along with a copy of your CV via email to either conaa@utk.edu (Clinical Faculty) or conhr@utk.edu (Practice/Research Faculty).

Contact Information	
Name	**Date**
Areas of Expertise	
Employer	**Title**
Work Address (Street)	**Work Address (City, State, Zip)**
Work Phone	**Email Address**
Have you previously collaborated with CON Faculty/Administration?	**If Yes, who? (Name, Role)**
☐ Yes ☐ No	

Background and Qualifications		
Highest Degree Earned (e.g. BSN, MSN, DNP, PhD, MD)		**Year Degree Awarded**
Current Licensure Information		
State	**License #**	**Expiration Date**
Certifications		
Name of Certifying Body	**Certification #**	**Expiration Date**

Current Faculty Affiliation and Status (if none, mark N/A)	
School/College	**Department**
Rank (e.g. Instructor, Asst., Assoc. or Full Professor)	**Faculty Status**
	☐ Adjunct ☐ Part-time ☐ Full-time

Service Opportunities		
Please check all service opportunities you are interested in participating in below:		
☐ Precepting Students	☐ Guest Lecturer	☐ Guest Workshop Presenter
☐ Simulation/Learning Lab	☐ Committee Work	☐ Doctoral Committee Work
☐ Student Mentoring	☐ Presenting Research	☐ Co-investigator for Research
Other (Please Describe):		