

MAINTENANCE OF APPOINTMENT (MOA)



Faculty Member

To be completed by the faculty member and submitted to Office of Department Chair:

Candidate for MOA

Department

Section (if applicable)

Rank

Track

MOA Cycle End Date

Logged into Elements to review and update faculty activity records, including licensures and board certifications

Completed Faculty Personal and Contact Information form (page 2 in packet)

Completed Faculty Involvement form (page 3 in packet)

Completed the "Creating a Positive Learning Environment" Training Module (Available via Cornerstone for Carilion Employees)

By signing this form, I affirm my intent to maintain my faculty appointment with the Virginia Tech Carilion School of Medicine and abide by the faculty bylaws and school policies.

Name printed - Faculty Member

Signature - Faculty Member

Date

You accept your typed signature is the legal equivalent of your manual signature

Approval by Department Recommended:

Faculty Appointment Duration (please select one)

Renew for standard appointment term length (5 Years for Professor & Assoc. Prof; 3 Years for All Other Ranks)

Renew for alternate appointment term length (listed here):

By signing this form, we affirm that this faculty member continues to make meaningful contributions within our department and possesses credentials necessary to teach learners at our academic medical center.

MOA recommended by APRT Committee

Name printed – Chair of Departmental APRT Committee

Signature – Chair of Departmental APRT Committee

Date

You accept your typed signature is the legal equivalent of your manual signature

MOA recommended by Department Chair

Name printed – Department Chair

Signature – Department Chair

Date

You accept your typed signature is the legal equivalent of your manual signature

Discontinuation of Appointment Recommended:

Discontinuation Form Attached:

Effective Date of Discontinuation:

Please Provide Brief Explanation:

Signature – Chair of Departmental APRT Committee

Date

Signature – Department Chair

Date

You accept your typed signature is the legal equivalent of your manual signature

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**Maintenance of Appointment
FACULTY PERSONAL AND CONTACT INFORMATION**

Please provide your current contact information, as well as verification of active medical licensure and board certification (only organization and expiration date)

Personal and Contact information

First Name
Middle Name
Last Name
Suffix
Professional Suffix(es)
Business E-mail Address
Personal E-mail Address
Organization/Affiliation

Preferred Mailing Address

Address Line 1
Address Line 2
City, State, Zip
Office Phone
Cell Phone

License and Certifications (if applicable):

Licensing State/Organization
Licensure Expiration Date
Board Certification(s) Organization
Board Certification Expiration Date
Additional Licensures/Certifications

Faculty Involvement Form

Select your activities at VTCSOM and Carilion Clinic involving teaching or service related to teaching.

VTCSOM medical student teaching or mentoring/advising:

- Block design/curricular development activity
- Clinical setting
- Clinical skills
- Domain Day
- LACE
- Lecture(s)/presentation(s)
- Medical student advising
- Research Live! presentation
- Research advisor
- Small group teaching/facilitation

Service on VTCSOM faculty committees:

- Academic Committee
- Appointment, Promotion and Tenure Committee
- Departmental Appointment, Promotion, Retention & Tenure Committee
- Faculty Governance Committee
- Learning Environment Advocacy Committee
- Medical Curriculum Committee
- Medical Student Admissions Committee
- Medical Student Performance and Promotion Committee
- Multiple Mini Interviews
- TEACH Membership
- TEACH Steering Committee

Carilion Clinic – VTC resident and fellow teaching:

- Lecture(s)/teaching session(s)
- Small group teaching/facilitation
- Inpatient supervision
- Outpatient supervision
- Research and/or quality improvement advisor

Other activities (*please describe*):
