

# MAINTENANCE OF APPOINTMENT (MOA)

## Faculty Member

To be completed by the faculty member and submitted as one packet to the Department Chair:

Candidate for MOA	Department	Section (Required- if applicable)
Rank	Track	Date appointment terminates <u>without</u> maintenance

**Logged in to Elements, reviewed records and added necessary activity, generated VTCSOM Curriculum Vitae and attached to this packet.**

Please note: clinicians (e.g., M.D., D.O., M.B.B.S.) currently practicing medicine must update/add the following information in Elements: active state licensure, including license number, date obtained and expiration date; board certification(s), including date of initial certification, date of most recent board certification, and date at which next certification is due.

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

Completion of the Faculty Personal and Contact Information (PCI) form provides VTCSOM with up-to-date contact information. Alternatively, personal and contact information may be updated at any time in Elements.

### Completed Faculty Involvement form (page 3 in packet)

A faculty appointment requires participation in the fulfillment of the mission of VTCSOM through teaching, assessment/evaluation, curriculum development, administrative duties or other types of service. Regarding teaching, maintenance of appointment may involve teaching or other educational activities with a wide range of learners including VTCSOM medical students, residents/fellows, VT graduate students and/or other learners.

### Completed Required Faculty Training Modules

Faculty at VTCSOM are required to complete the "Diversity, Inclusion, and Belonging" (Vector LMS) and the "Creating a Positive Learning Environment" (Cornerstone) training modules once every three years.

Signature of faculty member

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

Name printed

Date

## To be completed by Chair of Departmental APRT Committee:

MOA recommended by Departmental Committee  
(please ensure all attachments are included)

Name printed – Chair of Departmental APRT Committee

Signature – Chair of Departmental APRT Committee

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

Date

Discontinuation of appointment recommended

Signature – Chair of Departmental APRT Committee

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

Date

## To be completed by Department Chair prior to submission to the Office of Faculty Affairs:

MOA recommended by Department Chair  
(please ensure all attachments are included)

Name printed – Department Chair

**Duration of next appointment  
after review (3 years unless  
otherwise indicated)**

Signature – Department Chair

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

Date

Discontinuation of appointment recommended

Signature – Department Chair

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

Date

Brief explanation

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

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Please provide your current contact information:

**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

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***Medical licensure and board certifications must be updated during maintenance of appointment. To do this in Elements, go to Professional Activities, click "Add New", and select "Licensure".***

I confirm my medical or other professional license, as well as board certification(s), have been added and/or updated in Elements.

Not applicable

## Faculty Involvement Form

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**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

**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*):**

**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
- Other(please describe) \_\_\_\_\_