AFFILIATE FACULTY
EMPLOYEE PERSONNEL FILES
SCHOOL OF NURSING, VIRGINIA COMMONWEALTH UNIVERSITY
INITIAL APPOINTMENT

NAME_____

DOCUMENT		DATE LOGGED IN	BY WHOM
Certification(s)	EXPIRATION DATE CERTIFICATION #		
Official Transcripts Masters Degree (Nursing) Doctoral Degree Other Other Other	DATE CONFERRED MAJOR		
Virginia License(s)	EXPIRATION DATE LICENSE #		
Curriculum Vita			
Letter of Reference #1	DATE OF LETTER		
Copy of Dean=s Conditional Letter of Appointment	DATE OF LETTER		
Copy of Assistant Dean=s Memo to Obtain BOV Appointment	DATE OF LETTER		
Other			