

**AFFILIATE FACULTY
 EMPLOYEE PERSONNEL FILES
 SCHOOL OF NURSING, VIRGINIA COMMONWEALTH UNIVERSITY
 ANNUAL UPDATE**

NAME

DOCUMENT		DATE LOGGED IN	BY WHOM
Certification(s)	EXPIRATION DATE	CERTIFICATION #	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Official Transcripts Masters Degree (Nursing) Doctoral Degree Other Other Other	DATE OF ADDITIONAL DEGREES CONFERRED	MAJOR	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Virginia License(s)	EXPIRATION DATE	LICENSE #	
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Curriculum Vita (Not Required Annually)			
Letter of Reference #1	DATE OF LETTER		

Other			