

Date

Name, Title and Address

Dear

We have appreciated your contributions to the School of Nursing in your role as preceptor. We invite you to make your affiliation with the School a more formal one and apply for appointment as a non-paid clinical affiliate faculty. Appointment as *an* affiliate faculty requires the following materials: *Personal Data Form*, name and contact information of one individual from who we can request a professional reference, copy of your transcripts and a copy of your curriculum vitae. Please sign the enclosed release form(s) and we will obtain a copy of your transcript(s). I am enclosing a self- addressed envelope for your convenience.

As soon as your application file is complete, it will be reviewed by the department and a recommendation for your appointment will be made to the Virginia Commonwealth University Board of Visitors, which reviews and approves clinical faculty appointments.

If you have any questions, please contact either (name of department administrative professional) at 828-xxxx or me at 828-xxxx. Again, thank you for your past involvement with the School of Nursing. We look forward to our continued collaboration.

Sincerely,

Name of department chair  
Title and Rank  
Name of Department

Attachments