Reappointment Report

Adjunct, Visiting and Wistar Faculty (all ranks)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (**Degree) **Track & Rank:**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Reappointment** \***:** \_\_\_\_\_\_\_\_\_\_\_\_\_

\* *The period of reappointment for Adjunct and Wistar faculty may be up to five years.*

 *Visiting faculty must be reappointed every year.* *Maximum length of service for Visiting faculty is three years.*

**Citizenship: \_\_\_\_\_\_ USA \_\_\_\_\_\_\_ Other (Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visa type:\_\_\_\_\_\_\_ )**

Administrative Appointment: YES or NO

Department COAP Vote: approved; disapproved

Purpose of Position:

***REQUIRED Attestation of Professionalism:***

Dr. \_\_\_\_\_\_\_\_\_\_\_ has no founded concerns related to Professionalism.

*Link to* [***Professionalism Expectations***](https://www.med.upenn.edu/fapd/docurepo/assets/user-content/Professionalism%20Expectations%20for%20Chair%20Attestation.pdf)

Approved:

Name Date

Chief, Division of

Name Date

Chair, Department of