

For AAMC Staff Use Only:

Received Date (mm/dd/yyyy): _____ AAMC ID: _____

Please complete the form below. The information will be entered into the AAMC Faculty Roster through the Faculty Administrative Management On-line User System (FAMOUS). The Faculty Roster is a continuously updated database on U.S. medical school faculty which provides national biomedical research and health workforce data to federal agencies and medical schools.

Items with an asterisk (*) are required fields. FAMOUS will not accept a faculty record until information is entered into all required fields. Items designated (©) are confidential and will be released only to the individual faculty member and to an authorized representative at the school of appointment. Items designated (®) are restricted and will be furnished to authorized individuals at member schools and others at the discretion of the AAMC President. Aggregates of any class of data items may be published.

1. Medical School Reporting:* _____
 Department: _____

General Information

2. Name: Last* _____ First* _____ Middle _____ Suffix _____

3. Social Security Number©*: _____ 4. Sex®*: Male Female

5. Birth Date® (mm/dd/yyyy)*: _____ 6. Current Citizenship (country): _____

7. Birth Place: a. Country _____ b. State/Province _____

8. Hispanic Origin®: Not of Hispanic Origin Cuban Mexican, Mexican American, Chicano/Chicana
 (Check one) Puerto Rican Other Decline to Respond

9. Race® (Check all applicable race categories):

American Indian or
Alaska Native

American Indian or Alaska Native Enrolled or Principal Tribe _____

Asian

Asian Indian Chinese Filipino Japanese Korean
 Pakistani Vietnamese Other Asian _____

Black or African American

Black

Native Hawaiian or
Other Pacific Islander

Guamanian or Chamorro Native Hawaiian Samoan
 Other Pacific Islander _____

White

White

Other

Other _____

Decline to Respond

10. Optional Comment©: _____
 (for school use only)

Contact Information

11. Address: _____

12. Room Number or Mail Stop: _____

13. City*: _____ 14. State/Province*: _____

15. Zip: _____ 16. Country*: _____

17. Primary E-Mail: _____ 18. Primary Contact Method: Mail E-Mail None

For AAMC Staff Use Only:

Comment: _____

Appointment and Rank History: Faculty Appointments (List only U.S. medical school faculty appointments)

	Current Appointment	Previous or Joint Appointments (Previous appointments require an end date)	
19. Effective Date of Appointment: From (mm/yyyy)*			
20. Effective Date of Appointment: To (mm/yyyy)			
21. Institution* (include campus/location, if applicable)			
22. Department*			
23. Division/Section (if applicable)			
24. Faculty Title			
25. Rank* (select one per appointment) - Professor - Instructor - Associate Professor - Other - Assistant Professor			
26. Primary or Joint Appointment (Check one)	<input type="checkbox"/> Primary <input type="checkbox"/> Joint	<input type="checkbox"/> Primary <input type="checkbox"/> Joint	<input type="checkbox"/> Primary <input type="checkbox"/> Joint
27. Faculty Track [®]			
28. Tenure Status [®] - Tenured - Not tenured, not on - Not tenured, on tenure-eligible track tenure-eligible track - Tenure not available			
29. Effective Date of Tenure (mm/yyyy)			
30. Nature of Appointment* - Full-time - Volunteer - Part-time - Emeritus			
31. Part-time Effort (% of time) (for part-time Nature of Appt. only)	%	%	%
32. Employment Location Type - School-based - VA-based - Hospital-based - Other			
33. Employment Location (institution name, if other than medical school)			
34. Endowed Appointment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Endowed Appointment Title			

**Appointment and Rank History (continued): Chair and Division/Section Chief Appointments
(List appointments in medical schools only)**

	36. From (mm/yyyy)*	37. To (mm/yyyy)	38. Institution*	39. Department*	40. Division/Section (if applicable)	41. Type of Chair
A						<input type="checkbox"/> Chair <input type="checkbox"/> Acting <input type="checkbox"/> Co-chair <input type="checkbox"/> Interim <input type="checkbox"/> Division/Section Chief
B						<input type="checkbox"/> Chair <input type="checkbox"/> Acting <input type="checkbox"/> Co-chair <input type="checkbox"/> Interim <input type="checkbox"/> Division/Section Chief
C						<input type="checkbox"/> Chair <input type="checkbox"/> Acting <input type="checkbox"/> Co-chair <input type="checkbox"/> Interim <input type="checkbox"/> Division/Section Chief

Appointment and Rank History (continued): Administrative Appointments

	42. From (mm/yyyy)*	43. To (mm/yyyy)	44. Institution*	45. Department*	46. Administrative Title	47. Administrative Appointment Type
A				Administration		<input type="checkbox"/> School-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> VA-based <input type="checkbox"/> Other
B				Administration		<input type="checkbox"/> School-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> VA-based <input type="checkbox"/> Other
C				Administration		<input type="checkbox"/> School-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> VA-based <input type="checkbox"/> Other

Education and Training: Earned Advanced Degrees (Degrees above the bachelor's level)

48. No Earned Advanced Degrees (if box is checked, proceed to item 54)

	49. Degree*	50. Field of Study	51. Country	52. Institution (if in U.S. or Canada)	53. Year Conferred*
A					
B					
C					
D					
E					

Education and Training: Post-doctoral Research in the U.S. (Minimum of 6 months duration)

54. No Post-doctoral Research in the U.S. (if box is checked, proceed to item 59)

	55. From (mm/yyyy)*	56. To (mm/yyyy)	57. Field of Study	58. Institution
A				
B				
C				

Education and Training: Specialty/Subspecialty and U.S. Board Certification

59. No Specialty/Subspecialty (if box is checked, proceed to item 64)

	60. Specialty/Subspecialty*	61. U.S. Board Certified	62. Original Certification Year	63. Recertification Year
A		<input type="checkbox"/> Yes <input type="checkbox"/> No		
B		<input type="checkbox"/> Yes <input type="checkbox"/> No		
C		<input type="checkbox"/> Yes <input type="checkbox"/> No		
D		<input type="checkbox"/> Yes <input type="checkbox"/> No		
E		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Professional Employment History (List professional employment other than medical school faculty appointments)

Note: U.S. Medical School faculty appointments should be entered in Appointment and Rank History.

	64. From (yyyy)*	65. To (yyyy)*	66. Employment Type ⁺ (fill in letter from list below)*	67. Institution (if employment type is "a", "b", or "c")	68. Nature of Employment	69. Title
A					<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
B					<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
C					<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
D					<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
E					<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

⁺ Employment Types include:

- | | | |
|---|--|--|
| a. U.S. college or university (non-medical) | f. U.S. government – DOD/Military Hospital | k. Private practice of medicine (M.D.s and D.O.s only) |
| b. U.S. medical school (non-faculty) | g. U.S. government – other | l. Foundation, research institute, association |
| c. U.S. hospital (non-federal) | h. U.S. active military service | m. Foreign employment |
| d. U.S. government - PHS (NIH, NIMH) | i. U.S. State or local government | n. Other employment |
| e. U.S. government - Veteran's Administration | j. Private business or industry | |