



## 2009 – 2010 Adjunct Faculty Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Licensure: \_\_\_\_\_

Certification and Granting Agency: \_\_\_\_\_

Clinical Specialty: \_\_\_\_\_

Research Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager Number: \_\_\_\_\_

UA CON Alumni? \_\_\_\_\_ Year/Degree: \_\_\_\_\_

How have you been involved with the UA College of Nursing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will you contribute to the UA College of Nursing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please request references from two individuals who are in a position to know the quality of your work (one of which must come from a current UA College of Nursing faculty member). Please provide the names of your references.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a curriculum vitae to include all post-secondary education, experience and other pertinent information (e.g., honors, publications, research funding, presentations). *Submit all materials to:*

**The University of Arizona College of Nursing  
Office of the Dean, Room 316  
P.O. Box 210203  
Tucson, Arizona 85721-0203**

June 18, 2009