

2009 – 2010 Adjunct Faculty Continuation Form

Will you serve as a College of Nursing Adjunct Faculty for 2009/2010? Yes No

Name: _____ Credentials: _____

Business Title: _____

Employment: _____

Department/Clinic/Unit: _____

Clinical Specialty: _____

Research Specialty: _____

Mailing Address: _____

E-mail address: _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Pager Number: _____

UA CON Alumni? _____ Year/Degree: _____

In 2008/2009 did you spend **60 Hours or more** with College of Nursing Students, Faculty and/or Administration?
Describe your involvement.

Are you interested in being a guest speaker? Yes No

Please list areas of topic(s).

Are you interested in being a consultant to Faculty or Administrators? Yes No

Please list other ways that you are interested in contributing to the College of Nursing.

Signature: _____ Date: _____