



## Adjunct Faculty Application

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

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

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

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

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

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

Personal E-Mail: \_\_\_\_\_

UA CON Alumni? \_\_\_\_\_  
Year/Degree: \_\_\_\_\_ EmplID (if known) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Employer Contact: \_\_\_\_\_

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

How will you contribute to the UA College of Nursing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UA Title: \_\_\_\_\_ Average weekly hours: \_\_\_\_\_

Please list 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 if you have a contact here). 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). Materials are preferred to be submitted electronically in pdf format to Muriel Davis. *Submit all materials to:*

**Muriel Davis**  
**Administrative Associate**  
**The University of Arizona College of Nursing**  
**mdavis@email.arizona.edu**