

Demographic Information:

Male _____ Female _____ Other _____ I choose not to respond _____

Date of Birth: _____ Place of Birth (city and state/country): _____

Current Citizenship (country): _____

Military Service: Branch _____

Active Military Reserves: Branch _____

***Race and Ethnicity (Select all that apply):**

<input type="checkbox"/> Hispanic, Latino, or of Spanish origin	<input type="checkbox"/> Argentinean <input type="checkbox"/> Colombian <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Peruvian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic, Latino, or of Spanish origin: _____
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Tribal Affiliation: _____
<input type="checkbox"/> Asian	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Indian <input type="checkbox"/> Indonesian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Pakistani <input type="checkbox"/> Taiwanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian: _____
<input type="checkbox"/> Black or African American	<input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Other Black or African American: _____
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander: _____
<input type="checkbox"/> White	
<input type="checkbox"/> Other	<input type="checkbox"/> _____

*Please note, EVMS tracks this information for accreditation purposes

Signature

Date

(A signature on this form indicates that the content is verified and accurate)

Expectations:

Volunteer Requirement: Community faculty status requires 50 hours of service per year to maintain your faculty status. This can be easily obtained by working with our students and/or residents in the clinical setting, attending EVMS CME grand rounds, CME teleconferences, serving on EVMS committees, teaching in the classroom setting, collaborating in research activities or other academic activities agreed to by you and the department chair.

Promotion: for community faculty interested in going up for promotion, faculty must follow the current faculty promotion guidelines including the completion of the institutional CV format. A copy of the promotions guidelines and the institutional CV, can be found on our webpage: https://www.evms.edu/about_evms/administrative_offices/faculty_affairs/ap_guidelines/