

# Loyola University of Chicago (LUC)\* Health Science Campus Faculty Application

Loyola University Medical Center  
2160 S. First Avenue  
Maywood, IL 60153

Marcella Niehoff School of Nursing  
MNSON/Suite 459

Parkinson School of Health Sciences  
& Public Health  
Cuneo Center/Suite 456

Stritch School of Medicine  
Faculty Administration  
SSOM/Cuneo Center Suite 400

## INSTRUCTIONS:

1. This form is part of your permanent faculty record, please insure that the information is complete and accurate.
2. A current curriculum vitae is required; all graduate education and employment dates require a month/year to month/year format. No time gaps are allowed. Curriculum vitae requirements are attached at the end of this application.
3. The department chair and administrator/coordinator will solicit three letters of recommendation on your behalf from colleagues listed as references who are familiar with the training, teaching, scholarship and research in which you participated.
4. Official transcripts from your medical degree/doctoral degree are required. A credential agency must evaluate transcripts from abroad. The required information is only for SSOM faculty onboarding (not for LUMC clinical faculty).
5. All application materials are sent to the department chair and department administrator/coordinator.

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

Position Status: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First) (Middle Initial)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

US Citizen: \_\_\_\_\_ Visa Type: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity/Race: \_\_\_\_\_

### Home Address:

### Business Address:

Street: \_\_\_\_\_

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

Unit/Apt. \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

**\*LUC is an equal opportunity, affirmative action educator and employer with commitment to provide individual with equal employment opportunity without regard to race, color, sex, national origin, or religion. Qualified persons are not discriminated against on the basis of handicap.**

**Academic/Professional References:**

1.		
	Full Name and Degree	Title/Academic Rank
	Email	University/Business Name
2.		
	Full Name and Degree	Title/Academic Rank
	Email	University/Business Name
3.		
	Full Name and Degree	Title/Academic Rank
	Email	University/Business Name

**EDUCATION:**

Undergraduate

University/College	Location	Dates Attended	Degree	Honors

Graduate

University/College	Location	Dates Attended	Degree	Honors

Postgraduate Training:

Institution	Location	Position/Title	Specialty	Dates

**PROFESSIONAL EXPERIENCE:**

Current and Past Professional Appointments/Positions. Include current residency, fellowship, postdoctoral training and military service.

Institution	Location	Position/Title	Specialty	Inclusive Dates

Licensure/Examinations/Certifications: \_\_\_\_\_

\_\_\_\_\_

State Licenses: \_\_\_\_\_  
State Date State Date State Date

Additional comments, if desired:

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

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**TO BE COMPLETED BY THE CHAIRPERSON OR DIVISION DIRECTOR:**

Proposed faculty rank: \_\_\_\_\_

\_\_\_ Full-Time or \_\_\_ Part-Time                      \_\_\_ Tenure Track or \_\_\_ Non-Tenure Track

Primary location of academic responsibilities:

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Proposed teaching responsibilities:

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Proposed research responsibilities:

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Additional Comments:

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Proposed Start Date: \_\_\_\_\_

Chair/Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Loyola University of Chicago requests a statement on the affirmative action taken in the appointment of full-time faculty.*

## Curriculum Vitae Supplement

\*Dates related to medical /doctoral training through current employment must be inclusive, i.e. month/year to month/year format.

No time gaps are allowed starting with training to current employment. If there are training or employment time gaps, either an explanation on the CV needs to be provided or an email to the chair and/or department administrator/coordinator needs to be provided with a brief explanation of the time gap.

### Curriculum Vitae Format Example:

#### General Information

Name: Full name, Degree  
Office Address / Home Address  
Personal Email/ Work Email

#### Education:

- Full name of all higher educational institutions attended, included postdoctoral training, internships, residencies, clinical and research fellowships, noting specialty, subspecialty or field of study;
- Inclusive Dates: Month/Year to Month/Year format

#### Employment/Academic Appointments:

- Include the full name of the institution/business;
- Provide your title;
- Inclusive Dates: Month/Year to Month/Year format

#### Following are additional items to include, as they apply to your career:

- Hospital or affiliated institution appointments
- Other professional positions and major visiting appointments
- Hospital and health care organization service responsibilities and major administrative responsibilities, including major committee assignments;
- Professional societies and society role (e.g., member, officer, committee assignment);
- Editorial Boards;
- Awards and Honors;
- Grants with funding information and current research activities;
- Report of teaching: Local contributions, graduate medical course, local invited teaching presentations;
- Invited presentations (e.g., visiting professorship, invited lecture, plenary presentation, seminar)
- Professional and educational leadership role related to teaching;
- Major curriculum offerings, teaching cases or innovative educational programs developed;
- Report of clinical activities.

#### Bibliography

Provide full references, with a pub=med ID, as applicable.

### **Faculty Official Transcripts:**

For SSOM faculty onboarding (this is not required for LUMC clinical faculty), Faculty's official transcripts should be emailed separately to the Health Sciences Faculty Administration at [hsc-faculty-admin@luc.edu](mailto:hsc-faculty-admin@luc.edu). Please note, if the faculty member obtained their higher education degree outside of the United States, a credentialing company such as [World Education Services \(WES\)](#) is required to evaluate the transcripts.