



Department of Pediatrics
Office of the Chairman

March 01, 2017

Dear Doctor:

Thank you for your interest in joining the Adjunct Faculty of the Department of Pediatrics at UT Health San Antonio. To begin the approval process of your application packet, please complete the enclosed Criminal Background Check Form, Appointment Form (highlighted "Appointee Information" section only), Additional Information Form, Name Affidavit (mandatory), and the C.V. Verification form and submit the following:

- 1.) As noted in our guidelines, written documentation detailing anticipated teaching activities (e.g. number of classroom teaching hours, number of learners in the office, inpatient bedside teaching, etc.) to be performed in support of the teaching mission of the University following initial faculty appointment. If primary role is research, please refer to guidelines I.A.11 for documentation criteria.
- 2.) Your curriculum vitae
Please include date last revised and issuance & expiration dates of license(s) and board certification(s) on the C.V.
Please ensure there are no time gaps. Should you have a gap in work or education history, please include an explanation for the missing time period.
- 3.) Two letters of recommendation from medical peers addressed to:
Gail Tomlinson, MD, PhD
Chairman for the Selection, Evaluation and Promotion Committee of the Adjunct Faculty (without salary) of the Department of Pediatrics
- 4.) **Original** transcript(s) of terminal degree(s) – *issued & addressed to **Martha Reyna**.*
- 5.) Military staff requirement – Letter from commanding officer approving your participation as volunteer faculty with UT Health San Antonio. – *addressed to **Dr. Gail Tomlinson***
- 6.) Pediatric board/sub-board certification will be verified by this office on the American Board of Pediatrics (ABP) website. *If **not board certified by the ABP**, please provide a copy of current board certificate.*
- 7.) Licensure:
Texas medical licensure will be verified by this office on the Texas Medical Board (TMB) website. Residency and, if applicable, fellowship training will be confirmed on the TMB website as well.



□ *If **not** licensed by the Texas Medical Board, please submit the following:*

- Copy of current medical license
- Evidence of completion of an approved internship/residency program
- Evidence of completion of an approved fellowship program (if applicable)

Appointment application packets cannot be submitted for processing unless all applicable items are included.

Please submit packet items to me at:

UT Health San Antonio,
Department of Pediatrics,
7703 Floyd Curl Drive, MSC 7802
San Antonio, Texas, 78229-3900

If you have any questions, or if I may be of any assistance, please do not hesitate to call me at (210) 567-5245 or email at reynam3@uthscsa.edu .

Sincerely,

Martha Reyna
Adjunct Faculty Program Coordinator