

**For AAMC Staff Use Only:**

Received Date (mm/dd/yyyy): \_\_\_\_\_ AAMC ID: \_\_\_\_\_

Please complete the form below. The information will be entered into the AAMC Faculty Roster through the Faculty Administrative Management On-line User System (FAMOUS). The Faculty Roster is a continuously updated database on U.S. medical school faculty which provides national biomedical research and health workforce data to federal agencies and medical schools.

Items with an asterisk (\*) are required fields. FAMOUS will not accept a faculty record until information is entered into all required fields. Items designated (©) are confidential and will be released only to the individual faculty member and to an authorized representative at the school of appointment. Items designated (®) are restricted and will be furnished to authorized individuals at member schools and others at the discretion of the AAMC President. Aggregates of any class of data items may be published.

1. Medical School Reporting:\* \_\_\_\_\_  
 Department: \_\_\_\_\_

**General Information**

2. Name: Last\* \_\_\_\_\_ First\* \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_

3. Social Security Number©\*: \_\_\_\_\_ 4. Sex®\*:  Male  Female

5. Birth Date® (mm/dd/yyyy)\*: \_\_\_\_\_ 6. Current Citizenship (country): \_\_\_\_\_

7. Birth Place: a. Country \_\_\_\_\_ b. State/Province \_\_\_\_\_

8. Hispanic Origin®:  Not of Hispanic Origin  Cuban  Mexican, Mexican American, Chicano/Chicana  
 (Check one)  Puerto Rican  Other  Decline to Respond

9. Race® (Check all applicable race categories):

American Indian or  
Alaska Native

American Indian or Alaska Native Enrolled or Principal Tribe \_\_\_\_\_

Asian

Asian Indian  Chinese  Filipino  Japanese  Korean  
 Pakistani  Vietnamese  Other Asian \_\_\_\_\_

Black or African American

Black

Native Hawaiian or  
Other Pacific Islander

Guamanian or Chamorro  Native Hawaiian  Samoan  
 Other Pacific Islander \_\_\_\_\_

White

White Northern African/Middle Eastern

Other

Other \_\_\_\_\_

Decline to Respond

10. Optional Comment©: \_\_\_\_\_  
 (for school use only)

**Contact Information**

11. Address: \_\_\_\_\_  
 \_\_\_\_\_

12. Room Number or Mail Stop: \_\_\_\_\_

13. City\*: \_\_\_\_\_ 14. State/Province\*: \_\_\_\_\_

15. Zip: \_\_\_\_\_ 16. Country\*: \_\_\_\_\_

17. Primary E-Mail: \_\_\_\_\_ 18. Primary Contact Method:  Mail  E-Mail  None

**For AAMC Staff Use Only:**

Comment: \_\_\_\_\_

**Appointment and Rank History: Faculty Appointments (List only U.S. medical school faculty appointments)****Current Appointment**

19. Effective Date of Appointment:  
From (mm/yyyy)

20. Effect Date of Appointment:  
To (mm/yyyy)

21. Institution

22. Department

23. Faculty Rank

Professor	Associate Professor	Assistant Professor
Instructor	Other:	

24. Faculty Track

Clinical Educator	Clinical Scholar
Research	Research Educator

25. Primary or Joint Appointment

26. Tenure Status

27. Nature of Appointment

Full-Time	Part-Time	Full Time Affiliate
Emeritus	Volunteer	

28. Part-time Effort (% of time)

29. Employment Location Type

School-Based	VA-Based
Hospital-Based	Other

30. Employment Location Name (If other than medical school)

31. Endowed Appointment

Yes	No
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32. Endowed Appointment Title

**Appointment and Rank History: Chair and Division Chief Appointments****(List appointments in medical schools only)**

33. From (mm/yyyy)	34. To (mm/yyyy)	35. Institution	36. Department	37. Type of Chair
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A

B

C

**Appointment and Rank History: Administrative Appointments**

38. From (mm/yyyy)	39. To (mm/yyyy)	40. Institution	41. Administrative Title	42. Administrative Appointment Type
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A

B

C

**Education and Training: Earned Advanced Degrees (Above bachelor's level)**

43. No Earned Advanced Degrees (if box is checked, proceed to item 49)

44. Degree    45. Field of Study    46. Country    47. Institution    48. Year

A

B

C

D

**Education and Training: Post-doctoral Research in the U.S. (Minimum of 6 months duration)**

49. No Post-doctoral Research in the U.S. (if box is checked, proceed to item 54)

50. From    51. To    52. Field of Study    53. Institution  
(mm/yyyy) (mm/yyyy)

A

B

C

**Education and Training: Specialty/Subspecialty and U.S. Board Certification**

54. No Specialty/Subspecialty (if box is checked, proceed to item 59)

55. Specialty/Subspecialty    56. U.S. Board Certified    57. Original Certification Year    58. Recertification Year

A	Yes	No
B	Yes	No
C	Yes	No
D	Yes	No

**Professional Employment History (List of professional employment other than faculty appointments)**

Note: U.S. Medical School faculty appointments should be entered in Appointment and Rank History.

59. From    60. To    61. Emp    62. Institution (if    63. Nature of    64. Title  
(yyyy)    (yyyy)    Type\*    employment type is g, l,    Employment  
or, m)

A

B

C

D

**\*Employment Types:**

a. Foreign Employment	f. US Active Military Service	k. US Govt - Veterans Administration
b. Foundation/Research Inst/Assoc	g. US College/University (Non Medical)	l. US Hospital (Non Federal)
c. Other Employment	h. US Govt - DOD & Military Hospital	m. US Medical School (Non Faculty)
d. Private Business/Industry	i. US Govt - Other	n. US State/Local Government
e. Private Practice - Medicine	j. US Govt - Public Health Services	

**Recruitment Consent**

65. AAMC frequently assists medical school search committees in identifying potential candidates for open faculty and chair positions, as well as federal agencies in identifying candidates to serve as consultants and members of advisory groups.

- I consent to the release of my record for recruitment purposes
- I do not consent to the release of my record for recruitment purposes