

FACULTY ROSTER FORM

(Please Print Clearly)

Please complete this form and return it with an up-to-date copy of your curriculum vitae and bibliography to Michael C. Bennick, M.D., Yale New Haven Hospital, Suite 5-635 EP, 20 York Street, New Haven, CT 06504, as soon as possible. This information is necessary in order to process your appointment or reappointment to the Faculty at Yale. If you have questions, please call (203) 688-2196.

Today's Date: _____

Name: _____

Current Yale Title: Lecturer Clinical Instructor Assistant Clinical Professor

Associate Clinical Professor Clinical Professor None

Social Security Number: _____ Date/Place of Birth: Date Place

Sex: M F Handicapped: Yes No Vietnam Veteran: Yes No

Marital Status: If Married, Full Name of Spouse: _____ Single

Race: American Indian Asian Black Hispanic White

US Citizen: Yes No

If No: Country of Residency: _____ Citizenship: _____

Visa Status: _____ Expiration Date: _____

Degree	Year Obtained	School
M.D.	_____	_____
Ph.D.	_____	_____
Master's	_____	_____
B.A. <input type="checkbox"/> B.S. <input type="checkbox"/>	_____	_____
Other: _____	_____	_____

Medical Specialty: _____

Home Address: Street/Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email (REQUIRED): _____

Work Address: Street/Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email (REQUIRED): _____