

The University of Texas Medical Branch at Galveston

School of Medicine
Graduate School of Biomedical Sciences
School of Allied Health Sciences
School of Nursing

Marine Biomedical Institute
Institute for the Medical Humanities
UTMB Hospitals



April 1, 1991

Dear Colleague:

It is the policy of the Department of Internal Medicine to request reappointment to the medical faculty every two years. Enclosed please find a brief application form that I would appreciate your completing and returning to me with a recent curriculum vitae. If you currently participate in the activities of one of our divisions, please forward the material initially to the division director for approval.

Appointment to the medical faculty is a requirement for all physicians who wish to hold an appointment to the medical staff of UTMB Hospitals. Unfortunately the application process for each is different. If you should have any questions about these procedures, please do not hesitate to give me a call.

Dr. Don Powell has assumed chairmanship of the Department and will also chair the Clinical Faculty Committee which will review reappointment and promotion of our volunteer faculty. It is obviously our desire to make your participation on our faculty a meaningful part of your career. In addition the full-time faculty, house staff, and students hope to gain from your unique professional experience.

The membership of the Clinical Faculty Committee as of April 1st will be as follows:

Don W. Powell, M.D., Chairman
J. Andrew Grant, M.D., Cochairman
Michael Boyars, M.D.
James Newman, M.D.
Murphy Scurry, M.D.
David Nickeson, M.D.
Jerry C. Daniels, M.D., Ph.D., (ex officio)

If you should have any suggestions, please feel free to speak with any of these committee members. We appreciate your support and collegueship.

Sincerely,

J. Andrew Grant, M.D.
Professor and Vice Chairman for Research
Cochairman, Clinical Faculty Committee

JAG/mw

The University of Texas Medical Branch at Galveston
Department of Medicine

Application for Reappointment and Promotion

Name: _____ Present Rank: _____

Address: _____

Office Phone: _____ Home Phone: _____

ACTIVITIES AT UTMB DURING THE PAST TWO YEARS:

Conferences Attended and Frequency: _____

Describe University Outpatient and Inpatient Activities:

Describe Teaching Activities: _____

Committees: _____

OTHER PROFESSIONAL ACTIVITIES DURING THE PAST TWO YEARS:

Continuing Medical Education: _____

Hospital Appointments, Activities: _____

Professional Societies: _____

Other Scholarly Activities (board certification, recertification,
articles, talks, etc.): _____

I certify that the above information is accurate and complete.

Signed: _____ Dated: _____

If you are currently a member of a departmental division, please
process this application through the division director.

Please return along with a recent CV to: J.A. Grant, M.D.
UTMB Route G-62
Galveston, TX 77550