Department Logo

Date

Candidate’s Name

Address

Dear [Candidate’s name],

We are pleased to offer you a gratis appointment to join the faculty of the School of Allied Health Professions, [Department]with LSU Health Sciences Center - New Orleans (LSUHSC-NO) as [title/rank](gratis) on a non-tenure track. Subject to receipt of this signed document and the requisite institutional approvals, the appointment will be effective on [date]but no later than [date]. The appointment is contingent on your ability to provide acceptable documentation of United States authorized employment and, if applicable, successful licensure to practice in the State of Louisiana. No compensation is associated with this position, and you are not eligible for benefits. All gratis appointments are made on a term basis, and reappointments are limited to one academic or fiscal year. This appointment will automatically renew on July 1 each year, until you receive notification of non-renewal.

As a voluntary faculty member, you will be … (Briefly state expected responsibilities, Research, teaching etc. and if relevant sites of participation, and requirements to participate in committees/departmental meetings.)

We appreciate your contribution to the program and look forward to a mutually rewarding association.

Please retain a copy of this letter for your files. If you have any questions, please do not hesitate to contact one of us.

Sincerely,

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

Department Head Name Date

Title/Dept

School of Allied Health Professions

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Erin Dugan, Ph.D. Date

Dean, School of Allied Health Professions

Signature of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 <Candidate’s Name> Date