

**UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
MILITARY AND/OR CIVILIAN UNPAID FACULTY**

1. Name (Caps) Last-First-Middle		2. Date of Birth	3. SSN	4. MIL XXX	5. CIV
6. Faculty Title: Teaching Fellow		7. Department PMB	8. Primary X	9. Secondary	10. Rank, Corp, Service
QUALIFICATIONS					
11. Education:					
12. Experience and Special Training:					
13. USUHS Manpower Ceiling Space Chargeable <u> X </u> Not Chargeable <u> </u>					
14. Requested By (Primary)			Requested by (Secondary)		
Signature _____			Signature: _____		
Department Gerald V. Quinnan, Jr., M.D. Head <u> CAPT, USPHS, Professor & Chair </u>			Department		
15. Approvals (Signature & Date)					
CAPT _____ Apvd _____ Disapvd _____ Def _____					
Pres /BOR _____ Apvd _____ Disapvd _____ Def _____					
16. Address: USUHS 4301 Jones Bridge Road Room A1040A Bethesda, MD 20814					