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**FACULTY APPLICATION FORM ver. 6.8.23**

Email the completed form and required attachments to [fasst2018@gmail.com](mailto:fasst2018@gmail.com)

1. **Applicant Information:**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Credentials** |  |
| **Affiliation/Company** |  |
| **Mailing Address** |  |
| **Email** |  |
| **Cell Phone** |  |
| **Company Website if applicable** |  |

1. **Education, please also list any post-doctoral training:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Institution** | **Year Received** | **Degree or Area of Specialty** |
|  |  |  |  |
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1. **Most Advanced CABAS® Rank & Date Conferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Name of CABAS® Site(s) where rank components were achieved & Name of Supervisor(s):**
3. **Name of University, Course Number, Course Title, and brief description of each course taught (note if graduate or undergraduate):**
4. **Required attachments:**

Applications should include: (1) A cover letter to include a statement of research and teaching interests with one to two examples of how the applicant’s research, teaching, or service is relevant to the CABAS® model; and (2) a curriculum vitae.

1. **Memorandum of Understanding (MOU):** If the applicant is approved as a faculty member, an MOU will be developed between FASST and the faculty member outlining the criteria and expectations of both parties for continuation as a FASST faculty member.
2. **Attestation:**

I certify that all information given on this form and in other materials submitted by me in support of my application is accurate, current and complete to the best of my knowledge and belief. I authorize FASST to investigate to the extent permitted by law all statements contained in my application. I understand that misrepresentation or omission of facts called for herein may result in cancellation of my consideration for FASST faculty status whenever such facts are discovered.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**