**Department of Medical Sciences & Education:**

**Checklist\_MSE 1   
for Voluntary Faculty**

**(To be compiled by the faculty member seeking appointment)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Compile a package** of the following items:

CV – In the format provided if possible   
 (If not, most updated CV)

Digital Photo (head shot)

Letter requesting a faculty appointment in a standard format. The letter must attest that:

* 1. Their state of medical licensure is free of restrictions (or explanation provided)
  2. CME requirements for licensure are up to date
  3. Hospitals and narcotics privileges are unrestricted (or explanation provided)

(Template letter attached)

BU ID Request Form

Conflict of Interest Policy Form

Please send above documents to: Victoria Ha (vha@bu.edu), or send by mail:

Attn: Victoria Ha  
Division of Graduate Medical Sciences  
Boston University School of Medicine  
72 East Concord St. L-317  
Boston, MA 02118