

SMD J-1 Scholar Job Code Proposal

***Please complete this form electronically and include the documents below when submitting this approval form.***

1. Current curriculum vitae, 2. Copies of degrees and certificates earned and, 3. Copies of any external funding letters.

***To obtain approval, please e-mail the completed form and required documentation to:***

* *stephen\_naum@urmc.rochester.edu* *for a postdoctoral appointee candidate*
* *jane.tolbert@rochester.edu* *for a visiting faculty position*
* *If you are uncertain, please e-mail both of the above contacts to seek advice.*

*Please note: This form is intended for UR-sponsored J-1s and is* not *applicable to ACGME residents and fellows.*

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| --- | --- |
| SMD Department: | Enter text. |
|  |  |
| Faculty Advisor: | Enter text. | Dept. Administrator: | Enter text. |
|  |  |  |  |
| Name of Visitor: | Enter text. |
|  |  |
| Proposed Start Date: | MM/DD/YYYY | Proposed End Date: | MM/DD/YYYY |
|  |  |  |  |
| Proposed Title: | Choose an item. | \*Other Title: | Enter text. |
|  |  |
| Will the candidate have *earned* a degree *prior* to the Proposed Start Date that allows him or her to practice medicine in the United States or a foreign country? | Choose an item. |

Describe the purpose of the exchange visitor’s program. Include the goals to be achieved, the educational and experimental requirements, how the exchange visitor meets the requirements, and the length of time required to achieve the goals.

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| Enter text. |

For all appointments (Postdoctoral and Visiting Faculty) please indicate the source of salary/stipend below. Include the UR account number as appropriate. All Postdoctoral Appointments *must* meet the current minimum base salary/stipend as noted in the Postdoctoral Appointment Policy. *Please note: Postdoctoral Appointees may not be “self-funded” for salary/stipend purposes. Funding for pay must come from the University of Rochester or from clearly documented external sources, not from the Postdoctoral Appointee’s personal funds or savings.*

|  |  |  |
| --- | --- | --- |
| **Source of Funds** | **Amount** | **Account Number(s)/Comments** |
| Institutional (UR) Funds | Enter text. | Enter text. |
| Research Grant | Enter text. | Enter text. |
| Training Grant | Enter text. | Enter text. |
| Fellowship (paid via UR) | Enter text. | Enter text. |
| Fellowship (paid directly to candidate) | Enter text. | Enter text. |
| **Total Annual Salary/Stipend** | Enter text. | Enter text. |

**POSTDOCTORAL APPOINTMENTS ONLY**

|  |  |
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| Please indicate the date by which the postdoctoral candidate will have reached the 5-year maximum term and will need to be transitioned to an appointment requiring the H1-B visa status. | MM/DD/YYYY |

 ***APPROVAL: SMD Finance & Administration OR SMD Academic Affairs*** *(visiting faculty only)*

*Note: Approval of this form does not guarantee sponsorship on the UR J program.*