



# WVU SCHOOL OF MEDICINE SEARCH REPORT

**Name of Selected Candidate:**  
**Date Search Report is submitted to the Dean's Office:**

**GENERAL INFORMATION**

<b>Position Title:</b>	<b>Division/Department:</b>	<b>School/College:</b>
<b>Salary Range: \$</b>		
<b>Area of Specialization:</b>		
<input type="checkbox"/> New Position <input type="checkbox"/> Replacement Position - Name of Person Replaced: <input type="checkbox"/> Promotion - Previous Title:		
<b>Gender:</b>		
<b>Social Security Number:</b>		
<b>Date Position is Available:</b>		
<b>Start Date (should be 90 days out from offer accept date to ensure provider is enrolled with payers):</b>		
<b>If start date is less than 90 days, please list reason why:</b>		
<b>Patient Care/Billing for Services Date:</b>		
<b><u>Check One</u></b>	<b><u>Check One</u></b>	<b><u>Check One</u></b>
<input type="checkbox"/> Tenure track faculty	<input type="checkbox"/> Full-Time Position	<input type="checkbox"/> Regular Position
<input type="checkbox"/> Non-tenure track faculty	<input type="checkbox"/> Part-Time Position	<input type="checkbox"/> Temporary Position
<input type="checkbox"/> Nonclassified	%FTE:	End Date:
<input type="checkbox"/> Faculty Equivalent/Ac. Prof.		<input type="checkbox"/> Interim Position

**JOB POSTING WAIVER APPROVAL** *(if applicable for positions not posted 30 days)*  
**Waiver Request Summary:**

**Director of Physician Talent Management Signature:**  
*(Or their designee in Physician Recruitment)*

**SIGNATURES**

**1. Hiring Official:**

**2. Physician Recruiter-AA/EEO Representative:**  
 AA/EEO Clearance:      Yes      No  
 Applications/Interview disclosures (i.e. Medical Malpractice claims, criminal records, etc.) have  
 been cleared & approved by Legal & Med Staff Affairs:      Yes      No

*\*Return this form to the WVU School of Medicine Dean's Office when you submit your draft offer letter*