Faculty Appointment Instructions

1. From any browser, migrate to: https://www.applyweb.com/mercerfa/index.ftl Click the **"Create Your Account"** link (top right corner), which will send you to the page shown below. Enter an email address (be sure this is the email address from which you wish to receive faculty/school of medicine emails), enter a password (must be at least 8 characters, and contain at least one capital letter and a number), your name, date of birth, and read and agree to the terms of service at the bottom of the page. Note that your email address will become your username. Click the orange "create your account" button when you have completed this step.

UNIVERSITY				
SCHOOL OF MEDICINE		_		
			CREATE ACCOUNT	LOG IN
Nelcome!				
Create your account to get started on your application.	Account Email	/Username and	d Password	
You must use your full legal name. Be sure to check	Email Address	user@example.com		
Please do not use all capital letters.		Your email address is your	username	
³ asswords must be at least 8 characters.				
f you require help, contact our Help Desk	New Password	Password		
	Confirm Password	Password		
	Demonstration			
	Personal Infor	mation		
	First Name			
	Last Name			
	Date of Birth	MM/DD/YYYY		
Terms of Service / Drivery				
	Terms of Service / Privacy			
To create an account with CollegeNET, choose "I agree" below to indicate your understanding o CollegeNET's Terms of Service and CollegeNET's Privacy Policy, which describes in detail how we p your personal information, including these key points: • When you create or log in to an account with CollegeNET or use our services, we store informat		anding of low we process		
		information you		
	provide to us, collect inform	nation about how you use our	services, and combine such in	formation with

 Check your email for a message from "Accounts" with the title: "Please verify your account". Open the email and click the first link to verify your email address. BE SURE TO CHECK YOUR SPAM OR JUNK FOLDER IF YOU DO NOT SEE THE EMAIL. You will then see a new page open up that verifies that your account has been created. Click the orange "Go to Log In" button that appears in the lower left of the page:

SCHOOL OF MEDICINE		
	CREATE ACCOUNT	LOG IN
Account created		
Your account has been created.		
Remember to use your email address as your username and the password you provided.		
Click the button to go to login screen		
Go to Log In		

3. **Select the "Log In" button** to the right of "Getting Started" and that will lead you to the page below where you can log in. Enter the same email and password you created:

SCHOOL OF MEDICINE	_			
			CREATE ACCOUNT	LOG IN
Welcome!				
Please log in to continue your online application.	Email	email address		
	Password	Forgot your password?		
		Log In Or, if you are new, please Create a New Account	,	
		Greate a New Account		

4. The first page of the application asks for your **Personal Information**. Note that you can save and exit and return to the application at any time. Also note that your first and last name and email address are already filled in for you. Please help the School of Medicine in its commitment to a diverse faculty by selecting the race in which you identify (optional field). For the question about having a record under another name select "No". We will only text your cell phone to provide important faculty information. Most communications from School of Medicine will be via email. The office phone is important and allows us to reach you when our records require updating. When you are

finished with this section, select "Next Page" at the bottom right corner:

SCHOOL OF MEDICINE		
Application Sections	Faculty Appointment A	Application
Personal Info	An asterisk * indicates a required field	
Practice & Insurance Info	Personal Information	
Education	Name	
Appointment	* First (Given) Name	Just Change Name
FERPA Form	* Last (Family) Name	Testing
Attestation	Middle Name	
Locked pages will open as requirements are met in the form.	Mercer University School of Medicine is committed to race from the following diversity categories:	recruiting and retaining a diverse faculty. To help us track faculty diversity, please indicate your
		- select one
	* Do you have records under another name?	Yes •
	* Alternative First Name	
	* Alternative Last Name	
	Permanent Residential Addre	255
	* Street Line 1	
	Street Line 2	
	* Cit.	
	City	
	* Zip/Postal Code	
	* State/Province	- select one *
	* County	

5. The next page asks for your **Practice and Insurance Information**. If you have hospital privileges and malpractice insurance, you will be directed to the next page.

SCHOOL OF MEDICINE		
Application Sections	Faculty Appointment	Application
Personal Info	An asterisk * indicates a required field	
Practice & Insurance Info	Practice and Insurance	Information
 ▲ Education ▲ Appointment ▲ FERPA Form ▲ Attestation ▲ Litestation ▲ Locked pages will open as requirements are met in the form. 	Practice * Please list your board certifications and specialties, if any. * Do you have hospital privileges? * Name of Your Practice * Name of Office Manager if applicable * Phone Number of Office Manager # street Line 1 Street Line 1 Street Line 2 * City * Zip/Postal Code * StatelProvince * County	- select one - •
	Malpractice Insurance	- selectiona

6. Note that if you have <u>neither</u> hospital privileges nor malpractice insurance, you'll be asked to provide the names and contact information for two references:

pplication Sections	Faculty Appointment Application
Personal Info	An asterisk * indicates a required field
Practice & Insurance Info	Recommendations
Recommendations	Please complete the below only if you DO NOT have hospital privileges or malpractice insurance. Please provide contact information for two
Education	colleagues who are not family members to complete a Professional Reference Form on your behalt. Please make sure these professional references are currently practicing physicians (MD or DO).
Appointment	Recommender 1
FERPA Form	* First (Given) Name
Attestation	* Last (Family) Name
	* Phone
	* Email Address
	Submit Recommendation Request
	Recommender 2
	* First (Glven) Name
	* Last (Family) Name
	* Phone
	* Email Address
	Submit Recommendation Request
	Page 3 of 7

7. The next page asks for your **Education History**.

SCHOOL OF MEDICINE	
Application Sections	Faculty Appointment Application
Personal Info	An asterisk * indicates a required field
Practice & Insurance Info	Educational History
Education	* At what institution did you complete your
Appointment	medical degree?
FERPA Form	* What degree did you earn?
Attestation	* What year did you graduate?
	* Have you completed your residency training?
	* Do you hold any additional degrees?
	Page 3 of 6
	Prevlous Page Save & Exit Next Page

8. Next, please enter any faculty appointment at another school of medicine on the **Appointment Information** page. If you intend to include/upload a CV, just indicate this in the text box. Otherwise, please provide information in the text box. This helps us

determine an appropriate academic rank for your Mercer appointment:

SCHOOL OF MEDICINE	-
Application Sections	Faculty Appointment Application
Personal Info	An asterisk * indicates a required field
Practice & Insurance Info	Appointment Information
Education	* Do you have a current or previous faculty select one
Appointment	appointment at a School of Medicine?
FERPA Form	* Would you like to receive additional preceptor
Attestation	information?
	List any postgraduate work, internships or fellowships not previously cited in the application.
	Page 4 of 6
	Previous Page Save & Exit Next Page

9. The Family Education Rights and Privacy Act of 1974 (FERPA) page is important. Please read carefully. At the bottom, please make a selection. Most clinical faculty select "instructional faculty". If you are unsure, contact the Office of Faculty Affairs (478-301-2541; <u>musm faculty affairs@mercer.edu</u>). Your supervisor/chair name will be entered by Faculty Affairs at a subsequent step. On this page, you may also upload a CV (encouraged, but optional):

Persons who violate the confidentiality of student records may be subject to disciplinary action.		
FERPA Acknowledgement		
* Please check all that apply.	I DO NOT require access (provide name and signature ONLY).	
	Instructional Faculty	
	Academic Advisor	
	Administrator/Staff	
	Student Employee	
Name: Just Testing		
I have read the above statements and understand r	my responsibility to maintain the confidentiality of student records information.	
*	Signature	
* Date	05 / 20 / 2022 🗮 (mm/dd/yyyy)	
College/Department: School of Medicine		
Supervisor or Department Chair Name To be entered by Supervisor/Chair		
CV (Optional)		
Upload CV	Accepted File Types: txt, pdf, rtf, doc, docx	
	Choose File no file selected	
	Page 5 of 6	
Previous Page	Save Save & Exit Next Page	

10. The last page asks that you **attest to the content of the application**. When you have completed the application, select "Submit".

SCHOOL OF MEDICINE	
Application Sections	Faculty Appointment Application
Personal Info	An asterisk * Indicates a required field
Practice & Insurance Info	Attestation
Education	I confirm that the content of this application is true and accurate to the best of my knowledge.
Appointment	* 🖸 Signature
FERPA Form	* Date 05 / 20 / 2022 🗰 (mm/dd/yyyy)
Attestation	Dans 6 of 6
	rage 0 01 0
	Previous Page Save & Exit Submit

11. At any time, you can migrate back to the **Main Menu** (bottom left link) and log back in at any time to manage your account or view your activity:

School of Medicine	
Online Application Menu	
Leate a new account or log in using your email address.	Create Your Account Log In Account Directions & Information
Get started or continue work on your application today.	Online Application
X Manage Your Account Update your information and keep track of already completed applications.	Your Activity Change Your Password Forgot Your Log In Information?

- 12. Next, **check your email**. You will find an email from **"ApplyWeb On-Line Ap."** It may take about 5 min for a second email from **"Helpdesk"** with the title "Your on-line form" to appear. This email confirms receipt of your application and provides a link where you can check your personal activity page.
- 13. Once your application is submitted, it will automatically be directed to the Office of Faculty Affairs and processed through the relevant Department Chair, Campus Dean, and Dean of the School of Medicine. This may take a week or two. If your appointment is approved, you will receive an email through CollegeNet on behalf of the Dean of the School of Medicine.