

Required FIS Fields for UNPAID Faculty Checklist

Personal Information Screen		Completed
	Last Name	
	First Name	
	MI (Middle Initial)	
	Degree(s) for FTF (This comes from the Degree Screen)	
	NetID, if applicable	
	DOB (Date of Birth)	
	Email (RU preferred)	
<i>If faculty member does not provide, please select "unknown".</i>	Gender	
	Race/Ethnicity (Entered via back screen)	
	Citizen	

Address Information Screen		Completed
<i>Home/Mailing Info.</i>	Address/Phone	
	Emergency Contact Information	
Entered via back screen	Office Address/Phone	

Degree/License/Specialty Information Screen		Completed
<i>Degree Information - Entered via back screen</i>	Degree	
	Institution	
	Year	
	FTF (Must choose placement of 1st, 2nd, 3rd to appear on FTF)	
<i>License Information (Entered via back screen) For all faculty who perform clinical duties or hold a license, certification, registration and board specialty/subspecialty</i>	Type	
	License Number	
	Expiration Date	
	CDS#	
	DEA#	
	National Provider Identifier (NPI)#	
<i>Certification/Registration Information (Non-Medical Only) - Entered via back screen</i>	Cert/Reg	
	Number	
<i>Specialty/Subspecialty (Medical Only) - Entered via back screen</i>	Board Specialty/Subspecialty	
	Choose One - Board Eligible, Board Certified, No Existing Boards	
	Expiration Date	

Position Information Screen		Completed
	Initial Unpaid Appt Date	

Academic Information Screen		Completed
	Campus/Location	
	Academic Rank/Start Date	
	Academic Title/Start Date	
	Department	
	Division - Required for SN, plus RWJMS and NJMS, if applicable	
	Institute	
	<u>Endowed Chair Appointment</u>	
	Title/State Date	
	<u>Administrative Title (University Approved)</u>	
	Title/of/Start Date	