

UMDNJ - Robert Wood Johnson Medical School

Faculty Personal Data Sheet

The information requested is essential for our centralized faculty records as we are regularly required to answer State and Federal inquiries on our Faculty according to these categories. Please answer all questions.

Name _____
Last Name First Name Middle Initial

Social Security # _____ **Sex** _____

Ethnic Code (Please check one): Black (Non-Hispanic) _____ Hispanic _____ Caucasian _____
American Indian _____ Asian/Pacific Islander _____

Date of Birth _____ **Place of Birth** _____

Visa Status if not born in the USA (e.g. Permanent Resident, H1, J1) _____

Home Address _____ **RWJMS Office Address** _____

Preferred Email Address at RWJMS _____

For Clinical Faculty Only:

Subspecialty _____

Board Certified: (name of specialty board) _____

Date of Board Certification _____

Member of Alpha Omega Alpha (National medical honor society) (Y / N) _____

NJ Medical License # _____ **Effective Date** _____

CDS # _____ **DEA #** _____