

**Department of Medicine**  
**APPOINTMENT PROCESSING CHECKLIST**  
 For Officers of Research & Non-Clinical Officers of Instruction

Full Name: \_\_\_\_\_ Division: \_\_\_\_\_ Unit & Sub-Specialty: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

Date Received: MM/DD/YYYY      Date Submitted to OFA: MM/DD/YYYY      Date Submitted to MSO: MM/DD/YY

Reviewed by: \_\_\_\_\_ Ext: \_\_\_\_\_

Status:  FT    PT      Appt. Effective Date: MM/DD/YYYY      Appt. End Date: MM/DD/YYYY

CU Title: \_\_\_\_\_

Base Salary: \$ \_\_\_\_\_ AddComp1: \$ \_\_\_\_\_ AddComp2: \$ \_\_\_\_\_

CU Nom Form/PAF    DIA    UNI    Request Temp SSN    Welcome Packet    Confirmation email

**ITEMS TO BE COMPLETED BY DIVISION ADMINISTRATION**  
 \*\*\*MUST BE TYPED\*\*\*

**Comments**

<b>Columbia Documents</b>	<b>RAPS CLEARANCE</b> (FT ONLY/NOT REQ. FOR P/DOC'S)	This form should be completed and submitted as soon as the need for a full time position has been identified
	<b>Agreement Letter</b> (For FT ONLY)	Use applicable template. Must be signed by Department Chair prior to being sent to Candidate.
	<b>Personal Information Form</b>	
	<b>LETTER OF NOMINATION TO THE DEAN</b> (SEE ATTACHED GUIDE)	
	<b>Current Curriculum Vitae</b> (Month/Year Format -See Attached Guide)	
	<b>Proof of PhD</b> (For P/Doc's - If received in last 2 years)	
	<b>Invention Assignment Agreement</b>	
	<b>CONFLICT OF INTEREST (COI)</b> <a href="https://www.rascal.columbia.edu">HTTPS://WWW.RASCAL.COLUMBIA.EDU</a>	
	<b>SALARY CERTIFICATION FORM</b> (If Applicable)	
	<b>CU CONFIDENTIALITY AGREEMENT</b>	
	<b>HIPAA</b> (HIPAA PRIVACY RULE - SECURITY ESSENTIALS - *DATA ATTESTATION) <a href="https://columbia.sighttraining.com/">HTTPS://COLUMBIA.SIGHTTRAINING.COM/</a> *DATA ATTESTATION MAY NOT BE AVAILABLE PRIOR TO HIRE	
	<b>I-9 Form w/ Required Documentation</b> (If Applicable)	
	<b>NY State DOL – 195 Form</b> (If Applicable)	
	<b>Tax Forms: W-4 &amp; IT2104</b> (If Applicable)	
<b>POSITION CLASSIFICATION FORM</b> (STAFF ASSOCIATES ONLY)	This form should be completed and submitted as soon as the need for a position has been identified	
<b>Visa Holders</b>	<b>Original Visa Documentation</b>	Must Present to Department by all visa holders once seen by IAO
	<b>Social Security Letter</b> (FT ONLY)	