



New Jersey Medical School

FACULTY INFORMATION & AUTHORIZATION FORM

NJMS is required to answer State and Federal inquiries regarding our faculty; the information requested below is essential to respond to such inquiries. Please be assured that your responses will be kept in the Dean's Office confidential file.

LAST NAME	FIRST NAME	DEGREE(s)	OTHER NAME(s) KNOWN BY

PREFERRED EMAIL ADDRESS	PREFERRED TELEPHONE #

CITIZENSHIP _____

Date of Birth	Gender	Social Security Number	Marital Status
	M F		Single Married Other

ETHNICITY: (Please select one)

Not Hispanic or Latino

Hispanic or Latino (Origins in Mexico, Puerto Rico, Cuba, Central or South America or other than Spanish culture, regardless of race)

RACE: (Please select one or more race)

White (Origins in any of the original peoples of Europe, Middle East, or North Africa)

Black or African American (Origins in any of the Black racial groups of Africa. Terms as "Haitian" or "Negro" can be used in addition to "Black or African American")

Asian/Origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-Continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Phillipine Islands, Thailand, Vietnam.

American Indian or Alaskan Native – Origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or other Pacific Islander – Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

EMERGENCY CONTACT INFORMATION:

LAST NAME	FIRST NAME
ADDRESS	RELATIONSHIP
TELEPHONE #	EMAIL ADDRESS