

# HEALTH SCIENCES CLINICAL SERIES, WOS / AFFILIATES

UPDATE: FY 23-24

# Dean's Office: Academic Affairs

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# What is an Affiliate Faculty?

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A UCI Faculty member who has **primary employment at an Affiliate site** and also has **UCI teaching responsibilities** at an Affiliate site (LBVA, LBMMC, CHOC)

- Teach UC Irvine students, medical students, residents that rotate through the Affiliate site
- May be WOS or paid (when paid: typically 5% to 50%)
- Can be in any faculty series, however, most common is HS Clinical

**IMPORTANT:** Faculty who fall into this category with primary employment at the Affiliate may not have a Volunteer Faculty appointment (see: APM 279)

# Affiliate Paperwork

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It's important to obtain Affiliate Faculty Verification Form for New Appointments AND Renewals

Affiliates must attest to their % time at the Affiliate site

- Affiliates with a paid UCI appointment and an Affiliate appointment at the LBVA must certify agreement to the HS Comp Plan
  - Paid UCI faculty with an Affiliate appointment at the LBVA between 5%-50% are in HSCP **by exception**
- At Renewal time, department and Dean's office needs updated record of Affiliates' % time at the Affiliate site

# OLD FORMS – do not use

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## AFFILIATE FACULTY INFORMATION FORM <sup>1</sup>

Use this form for Appointment and Annual Renewals of UCI Affiliate Faculty

*Affiliate Faculty: Individual has an appointment at an affiliated institution (e.g. Long Beach VA, Long Beach Memorial/Miller, CHOC) and an appointment at UCI at 43% or less. Individuals appointed between 5% and 43% are in the HS Compensation plan by exception.*



Faculty Name

Department

Division



New Appointment

Renewal

### NEW APPOINTMENTS: include the following with the Appointment file

1. Completed Affiliate Faculty Information Form
2. Signed combined Verification of Affiliate Faculty Appointment Status and Health Sciences Compensation Plan Statement of Agreement (*for PAID appointments only; not required for HS, WOS appointees*)
3. Description of responsibilities at the Affiliate site – Include % of appointment at UCI and detailed salary information, if any (*may be included on Dept. Eval Form*)
4. Academic Appointment Dossier (*for HS, WOS/Affiliates use Grid/Checklist; for PAID appointments use AP Checklist*)
5. Account/Fund Information:
6. Percentage of Work (in eighths) of employment at Affiliate Site:
7. Affiliate Site Location:

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## UNIVERSITY OF CALIFORNIA, IRVINE SCHOOL OF MEDICINE

### Verification of Affiliate Faculty Appointment Status

I certify that I am a \_\_\_\_\_ (enter percent or # of 8ths) employee at \_\_\_\_\_ (enter name of affiliate, i.e. LBVA, LB Memorial) and will report immediately any change in my employment status to the Chair of the Department of \_\_\_\_\_ and the Dean of the School of Medicine.

### Health Sciences Compensation Plan Statement of Agreement

I certify that I have received a copy of the University of California Health Sciences Compensation Plan, the UCI School of Medicine Implementing Procedures and department compensation procedures. I agree to comply with all of the terms and conditions contained therein. I understand that I may not retain any income from my professional services except as stipulated in those documents. I understand that my primary professional commitment is to the University and \_\_\_\_\_ (enter name of affiliate, i.e. LBVA, LB Memorial). I understand further that compliance with provisions contained in the Health Sciences Compensation Plan, the Implementing Procedures and department compensation plan procedures is a condition of employment for Plan members.

I certify that I am not currently engaged in professional activities that would result in my being found in non-compliance with the Health Sciences Compensation Plan or the UCI School of Medicine Implementing Procedures.

# CURRENT AFFILIATE FORM

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## Affiliate Faculty Verification and HSCP Agreement Form

### Affiliate Faculty Verification and HSCP Agreement Form

**Affiliate Faculty:** The individual has an appointment at an affiliated institution (e.g. Long Beach VA, Long Beach Memorial/Miller, CHOC) and an appointment at UCI at 43% or less. Individuals with an Appointment between 5% and 43% at UC Irvine and an Affiliate Appointment with LBVA are in the Health Sciences Compensation (HSCP) plan by exception.

Faculty Name  Acct/Fund #   
Department   
UCI Appt  % Affiliate Site   WOS  PAID  
 New Appointment  Renewal

#### Verification of Affiliate Faculty Appointment Status

I certify that I am a  /  % employee at   
and will report immediately any change in my employment status to the Chair of the Department of   
and the Dean of the School of Medicine.

Faculty Signature  Chair Signature   
Date  Date

#### Health Sciences Compensation Plan Statement of Agreement

*Use this area for Affiliates at the LBVA, LB Memorial and Miller's Children's Hospital that are paid at UCI between 5% and 43%  
This area is NOT REQUIRED for paid Affiliates at CHOC*

I certify that I have received a copy of the University of California Health Sciences Compensation Plan, the UCI School of Medicine Implementing Procedures and department compensation procedures. I agree to comply with all of the terms and conditions contained therein. I understand that I may not retain any income from my professional services except as stipulated in those documents.

I understand that my primary professional commitment is to the University and

I understand further that compliance with provisions contained in the Health Sciences Compensation Plan, the Implementing Procedures and department compensation plan procedures is a condition of employment for Plan members.

I certify that I am not currently engaged in professional activities that would result in my being found in non-compliance with the Health Sciences Compensation Plan or the UCI School of Medicine Implementing Procedures.

Faculty Signature  Chair Signature   
Date  Date

# Keep track of your Affiliates!

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It's especially important that the department keeps a good record of all Affiliate faculty, and especially HS, WOS/Affiliate faculty in the Assistant Rank

## APM 278

Faculty holding a without salary Health Sciences Clinical Professor series appointment along with a salaried appointment at an affiliated institution at more than 50 percent time may not exceed eight years of service unless the Chancellor grants an exception to the eight-year limit for these appointees.

## Sample Log

Last	First	Hire Date	End	TC	Title	Current Step	Annual Rate	UCI %	% Affil	Total %	Affil Site	Next Rev	Next Actn	Next Step
Bittencourt	Cassiana	8/1/16	6/30/22	1732	HS Asst Clin Prof	IV	\$90,600	100%		100%		21-22	P	I
Chandan	Vishal	10/15/18	6/30/22	1734	HS Clin Prof	I	\$112,100	95%		95%		21-22	M	II
Crews	Bridgit	10/1/16	6/30/22	1733	HS Assoc Clin Prof	II	\$100,600	100%		100%		21-22	M	III
Da Costa Iyer	Maria		6/30/22	2010	HS Clin Prof	III	WOS	0%	8/8	100%	LBVA	21-22	M	IV
Del Valle Estopinal	Maria	2/24/20	6/30/22	1732	HS Assistant Clin Professor	III	\$85,700	51%		51%		21-22	M	IV
Head	Elizabeth	2/1/19	OK	1721	Professor	III	\$114,600	100%		100%		21-22	AM	V
Johnson	Cary	1/21/19	6/30/21	1734	HS Clin Prof	I	\$112,100	100%		100%		21-22	M	II
Li	Xiaodong	7/16/18	6/30/22	1732	HS Asst Clin Prof	IV	\$81,400	100%		100%		21-22	P	I
Mercola	Daniel		OK	1721	Professor	VII	\$156,600	100%		100%		21-22	5yr	VIII
Monuki	Edwin		OK	1721	Professor	III	\$123,300	100%		100%		21-22	M	IV
Nael Amzajedri	Ali	7/17/18	6/30/22	2050	HS Asst Clin Prof	III	WOS	0%	8/8	100%	CHOC	21-22	M+MCA	IV
Nowroozizadeh	Behdokht	7/1/20	6/30/22	1732	HS Asst Clin Professor	II	\$81,300	100%		100%		21-22	M	III

# ABBREVIATED PROCESS FOR HS, WOS AFFILIATES

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SOM Academic Affairs Website/Appointments:

<https://medschool.uci.edu/about/academic-affairs/faculty-academics/hs-clinical-wos-and-volunteer>

Use abbreviated process and forms for Appointments and Reviews for HS series, WOS faculty only

*Please note: Affiliates appointed at the LBVA use 'eighths' instead of % time; all other affiliate sites use % time when appointing to paid positions*



# New Procedures/Forms (2020): Why?

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**SOM-Specific Forms developed for HS series, WOS faculty with an Affiliate appointment to address issues:**

1. Compliance to policies APM 278 & APM 279
2. Review standards for HS, WOS/Affiliate faculty may be different for this group
3. Difficulties in HS, WOS/Affiliate compliance/participation in UCIs review process (every 2-3 years)

**THESE SOM-SPECIFIC FORMS SHOULD BE USED FOR HS SERIES, WOS FACULTY AFFILIATES ONLY**

# What do I need to know?

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## □ APM 279-0 Policy

[https://www.ucop.edu/academic-personnel-programs/\\_files/apm/apm-279.pdf](https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-279.pdf)

An individual with teaching, scholarly or creative activity, and service responsibilities who holds a clinical appointment paid by a facility that has a formal affiliation with the University (UC-affiliated facility) must hold a concurrent, without salary appointment in the Health Sciences Clinical Professor series (see APM - 278), but not in the Volunteer Clinical Professor series.

## □ APM 278-17-c Terms of Service

[https://www.ucop.edu/academic-personnel-programs/\\_files/apm/apm-278.pdf](https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-278.pdf)

Faculty holding a without salary Health Sciences Clinical Professor series appointment along with a salaried appointment at an affiliated institution at more than 50 percent time may not exceed eight years of service unless the Chancellor grants an exception to the eight-year limit for these appointees.

# Where Do I Find More Information?

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## SOM AA Website

**UCI School of Medicine**

Research | Education | Healthcare | Community | About

✕ Academic Affairs

Message from the Senior Associate Dean      Meet the Team ▾      Chair Resources

International Physicians      Health Science Compensation Plan ▾      FAQs, Resources & Training ▾

Calendars and Deadlines      Faculty Development ▾      Faculty Academics ▲

Faculty Series

Affiliates and Volunteers 

Recall, Leave, and Adverse Actions

Administrative Appointments

Non-Faculty Academics ▾      UCI College of Health Sciences Faculty Assembly

Welcome to the Office of Academic Affairs

Academic Affairs is here to support faculty and staff and to provide...  
...analysis, interpretation, and training in academic personnel...  
...to assist in collaborating and guiding... we hope to aid...

# Where Do I Find More Information?

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The screenshot shows the top navigation bar of the UCI School of Medicine website. The main header is blue with the UCI logo and 'School of Medicine' text. A yellow bar below the header contains the text 'Academic Affairs'. The main content area has a blue background with the title 'Affiliate Faculty and Volunteer Faculty' in white. Below the title is a short paragraph: 'The UCI Health Sciences possess Without Salary and Volunteer faculty who work at our hospitals and affiliate institutions.' At the bottom of the page, there is a breadcrumb trail: 'Home > About > Faculty Academics > Affiliate Faculty and Volunteer Faculty'.

## Affiliate Faculty

An Affiliate Faculty is an individual with primary employment at an affiliated institution (e.g. Long Beach VA, Long Beach Memorial/Miller's Hospital, CHOC) who also has an appointment at UCI at 50% or less.

Faculty with paid appointments between 5% and 50% at UC Irvine and primary employment at the Long Beach VA (LBVA) are in the Health Sciences Compensation (HSCP) plan by exception.

Verification of Affiliate status and agreement to the HSCP plan (for paid Affiliates at LBVA) must occur annually, using this form.

University-paid staff physicians and staff clinicians and other clinicians and physicians practicing at non-UC-affiliated sites with teaching responsibilities may be appointed to titles in the Volunteer Clinical Professor.

See the Below Documents for more information:

- Health Sciences Clinical, WOS and Volunteer Clinical Faculty: Criteria Chart

Recruitment



Appointment



## Affiliate Faculty - HS Clinical, WOS

The Health Sciences Clinical Professor series is governed by APM – 278, and is distinct from the Volunteer Clinical Professor series (APM - 279, Volunteer Clinical Professor Series).

Health Sciences Clinical Faculty with primary employment at a UC Affiliate site (e.g. Long Beach VA, CHOC, etc.) must have a concurrent without salary (WOS) academic appointment at UC Irvine. The concurrent appointment shall be in the Health Sciences Clinical faculty series, which allows the faculty to interact and teach UC Irvine residents and Medical students at the respective Affiliate site.

# HS, WOS Affiliate Grid

UCI SOM Health Sciences Clinical Professor, WOS/Affiliate Grid

	Appointment <sup>2</sup>	Merit/Mid-Career Appraisal (MCA)	Promotion/Advancement	Change of Series into HS WOS	Annual Renewal
<b>AP Form</b>	AP-20	AP-22 *Not required when file is submitted in Scholar Steps	AP-22 *Not required when file is submitted in Scholar Steps	AP-22 *Not required when file is submitted in Scholar Steps	AP-21
<b>AP-9 Form</b>	X	n/a	n/a	n/a	n/a
<b>Departmental Evaluation (UCI-SOM-AFF-DEPT-EVAL)</b>	X	X	X	X	n/a
<b>Department Faculty Vote (use SOM Vote Grid)</b>	Optional (follow department guidelines)	Optional (follow department guidelines)	Optional (follow department guidelines)	Optional (follow department guidelines)	n/a
<b>Affiliate Site Verification &amp; HSCP Agreement Form</b>	X	X	X	X	X
<b>Referee Feedback Form<sup>1</sup> (UCI-SOM-AFF-REF-FORM)</b>	3 required <sup>1</sup>	n/a	3 required <sup>1</sup>	n/a	n/a
<b>Summary of Contributions (UCI-SOM-AFF-CONT)</b>	n/a	X	X	X	n/a
<b>Curriculum Vitae</b>	X	X	X	X	n/a
<b>Form AP-137A</b>	X	X	X	X	n/a
<b>Reflective Teaching Statement</b>	X	Incorporated into Summary of Contributions	Incorporated into Summary of Contributions	Incorporated into Summary of Contributions	n/a
<b>Teaching Evaluations</b>	*If available	X	X	X	n/a
<b>Form AP-50</b>	*Only required if candidate is current UC Irvine appointee	*Not required when file is submitted in ScholarSteps	*Not required when file is submitted in ScholarSteps	*Not required when file is submitted in ScholarSteps	n/a

<sup>1</sup>Referee Feedback Forms – minimum 2 from outside of the home Department (within same institution/site is acceptable)

<sup>2</sup> For Transition from Volunteer Faculty series into the HS/WOS-Affiliate appointment, use Appointment column.

Please note for the Assistant Professor rank in the Health Sciences Clinical Professor Series:

Per [APM Policy 278](#), the 8-year limit applies when the faculty holds both an HS Assistant Clinical Professor WOS appointment and is employed by an affiliate site at more than 50% time. A Mid-Career Appraisal (MCA) is required to be submitted for review by the beginning of the third or fourth year for applicable faculty. A Promotion file is required to be submitted at the beginning of the sixth year of service and no later than the beginning of the seventh year of service.

# Dept Eval Form

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## Takes the place of the Department Letter

- Department Letter-Writer includes 2-3 lines in each box
- Form adds a page when 'MCA' is selected
- Remember: No Chair's signature! Faculty Evaluator signs the form
- Dept Analyst fills out the top of the form
- **DO NOT LEAVE THE BOXES BLANK**
- **DO NOT COPY AND PASTE FROM THE REST OF THE FILE – COMMENTS CAN BE BRIEF BUT MUST INCLUDE ANALYTICAL COMMENTS**

DEPARTMENTAL EVALUATION: Provide a concise assessment, limited to the non-expandable boxes below, describing the candidate's QUALIFICATIONS (for Appointment) or PERFORMANCE DURING THE REVIEW PERIOD (for Merits/Promotions). For those actions which require a concurrent Mid-Career Appraisal, check the appropriate MCA box and complete the MCA assessment on page 2. The criteria and standards below are set forth in [APM-210-6](#).

Name:	<input type="text"/>	<b>Action</b>					<b>Review Period</b>		
Department:	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	to	<input type="text"/>
		Apptmnt	Merit	Promotion	Reapptmt	MCA			
From:	<input type="text"/>	To:	<input type="text"/>						
Teaching/Mentorship:	<input type="checkbox"/>	Exceeds Criteria	<input type="checkbox"/>	Meets Criteria	<input type="checkbox"/>	Does Not Meet Criteria			
Professional Competence and Activity:	<input type="checkbox"/>	Exceeds Criteria	<input type="checkbox"/>	Meets Criteria	<input type="checkbox"/>	Does Not Meet Criteria			

# Referee Feedback Form

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## Takes the place of LOR's and AP-11

- Everything is on one page; no need for an AP-11
- Referees check a box, and can include brief comments at the end
- Analyst Emails this form directly to Referee
- Dept. Analyst fills out select info at top of form, and then assigns a letter code

**HEALTH SCIENCES CLINICAL PROFESSOR SERIES, WITHOUT SALARY (WOS) AFFILIATE SITES  
REFeree FEEDBACK FORM**

**Confidentiality Statement**  
Although the contents of your letter form may be passed on to the candidate at prescribed stages of the review process, your identity will be held in confidence. The material made available will lack the letterhead header, the signature block, and material below the letter (comments, if applicable). Therefore, material that would identify you, particularly your relationship to the candidate, should be placed below the signature block. In any legal proceeding or other situation in which the source of the confidential information is sought, the University does its utmost to protect the identity of such sources.

**DATE:**

**FROM:**  **LETTER CODE**

**TO:**

Please describe the following:  
Professional Title:   
Area(s) of Expertise/Qualifications:   
Relationship to Candidate (past and present, including prior mentorship):

**SUBJECT:**

The Department of  at the UC Irvine School of Medicine is proposing  for the action proposed above. The Department and the School of Medicine require professional references: experts in the field who can give important feedback about the candidate.

Please complete the evaluation form of the candidate's qualifications for the proposed action in the following categories:

**Professional/Clinical Competence/Performance**  
Knowledge of basic/clinical sciences; Demonstrates commitment to the delivery of safe, cost-effective, patient-centered care  
 Unsatisfactory       Satisfactory       Superior       Unable to assess

**Teaching/Mentorship (Quality of Teaching/Supervising/Mentoring activities)**  
Demonstrates a strong interest in the education of healthcare professionals, fulfills teaching responsibilities  
 Unsatisfactory       Satisfactory       Superior       Unable to assess

**Scholarly/Creative Activity**  
Innovations, Publications, Presentations, Grants, Interdisciplinary Collaboration  
 Unsatisfactory       Satisfactory       Superior       Unable to assess

**Service/Collaboration**  
Participates in organized clinical discussions, interdisciplinary sessions, journal clubs and/or conferences  
 Unsatisfactory       Satisfactory       Superior       Unable to assess

# Summary of Contributions Form

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## Takes the place of AP-10

- Dept. Analyst fills out select info at top of form including Employment History
- Everything is on one page, bullet-points are OK
- No Separate Teaching Statement needed (included in the form)
- Make sure the Faculty signs the form

Summary of Contributions  
HEALTH SCIENCES CLINICAL PROFESSOR SERIES, WITHOUT SALARY (WOS)/AFFILIATE

Department Analyst: Complete this section and provide the form to Faculty

Faculty Name:

Department:

Review Period:  to

**UC Irvine Academic Employment History**

Dates	Title	Step	%Time	Department
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Affiliate Site Employment History**

Dates	Title	Step	%Time	Institution
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Faculty Member Under Review: Complete this section and sign on the next page

Briefly address your contributions to the following areas during the review period. Please include several bullet-pointed items per category, up to a maximum of 2 pages for the entire submission.

**Teaching/Mentoring (include examples of teaching strategies, reflection on evaluations/feedback)**

- 

**Professional competence and activity**

- 

**Scholarly or Creative Activity (include weblinks to publications, if applicable)**

- 

**University and Public Service**

- 

**Contributions to Inclusive Excellence and Diversity**

- 

**Other Accomplishments/Contributions**

-



# Volunteer vs. HS, WOS (Affiliates)

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	Volunteer Group-1	Volunteer Group-2	Volunteer Group-3	HS Without Salary (WOS)
<b>APM</b>	<a href="#">APM 279</a>	<a href="#">APM 279</a>	<a href="#">APM 279</a>	<a href="#">APM 278</a>
<b>Description of duties</b>	Provider with no UCI clinical privileges and no involvement at affiliate sites (e.g., offsite community physician volunteer, community MedEd preceptors)	Provider with UCI staff physician appointment/clinical privileges, and no teaching responsibilities at affiliate sites	Provider with teaching involvement at affiliate site but not employed/salaried by the affiliate site (e.g., staff physician/per diem at affiliate site, contracted private group with affiliate site)	Provider employed/salaried by an affiliate site with teaching responsibilities at the affiliate site (e.g., LBVA, CHOC, LBM-MCH)
<b>Type of academic appointment</b>	Volunteer appointment	Volunteer appointment	Volunteer appointment	HS Clinical Professor Series WOS
<b>Required information in chair letter</b>	Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service)	Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service) <b>***MUST INCLUDE ATTESTATION STATEMENT</b>	Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service)	Please see requirements for HS Clinical Professor Series
<b>Required documents</b>	Volunteer appointment packet	Volunteer appointment packet	Volunteer appointment packet	*HS clinical professor series checklist *UCI-SOM affiliate paperwork
<b>Review timeline/interval</b>	Minimum every 5 years	Minimum every 5 years	Minimum every 5 years	*Routine based on rank/step  *If employed at 50% or greater at affiliate site, 8-year limit and MCA requirements for assistant rank applicable

\*\*\*I attest that this appointment will be at UCI only and the appointee will not perform teaching duties at any of the UCI affiliate locations (e.g., LBVA, CHOC, LBM-MC)

# Questions/Feedback

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## **Academic Affairs Principal Analysts – Faculty**

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April Heath	<a href="mailto:heatha@hs.uci.edu">heatha@hs.uci.edu</a>
Tracee Davis	<a href="mailto:traceed@hs.uci.edu">traceed@hs.uci.edu</a>

## **Academic Affairs Analyst – Volunteer Faculty**

Shannon Henderson	<a href="mailto:shannokh@uci.edu">shannokh@uci.edu</a>
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