

MEMORANDUM OF UNDERSTANDING FOR JOINT APPOINTMENTS WITH AFFILIATED ORGANIZATIONS AND  
VA BOSTON HEALTHCARE SYSTEM

Faculty Name: \_\_\_\_\_

Effective Dates: \_\_\_\_\_ - \_\_\_\_\_

		VABHS		Other Organization		Other Organization		TOTALS	
		Hrs/wk	%	Hrs/wk	%	Hrs/wk	%	Hrs/wk	%
Official Title:									
Responsibilities	Teaching								
	Research								
		Clinical, Administration							
<b>TOTALS</b>									

**APPROVALS**

**Faculty certification:** By signing this MOU, I am certifying that I have indicated above all my professional activities, including teaching, research, clinical or administrative duties that I perform at any institution with the exception of activities performed as an outside consultant.

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
VA ACOS for R & D Signature

\_\_\_\_\_  
VA Department Chair Signature

\_\_\_\_\_  
VA Chief of Staff Signature

\_\_\_\_\_  
VA Medical Center Director Signature