

**Request to Hire a House Officer (New & Annual Renewals)  
For Programs beginning July \_\_\_\_\_**

**New Position**       **Annual Renewal**

**Program Title:** \_\_\_\_\_

**Faculty Sponsor:** \_\_\_\_\_

**Department:**     DOCS                       MBS                       PHP                       VTH

**Position:**       Internship     Residency

**Will this be a MATCH listing?**       Yes               No

**If yes, has a current advertisement been forwarded to CVM-Human Resources\*\*?**  
 Yes               No

**\*\*If not, please attach the position description to this request in order to initiate matching and/or recruitment.**

**How many positions for this program are you requesting?** \_\_\_\_\_

**Does filling this position increase the number of house officers in this section beyond previous numbers?**               Yes               No

**If this position is filled, how many house officers will be in this program in total?** \_\_\_\_\_

**Are there enough mentors to provide adequate training?**  
 Yes               No

**Source of Funding:**     State     Vet Practice Plane (VPP)     Other\*

**Account Number(s) and Description(s):**

\_\_\_\_\_

\*If "Other", please describe the source and answer the following questions.  
Source: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Is this a new funding source\*\*?                       Yes     No

- Does this funding source restrict selection of the candidate hired?                       Yes\*\*     No

\*\*If "yes", please describe the selection process:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe any changes (deployment, funding, duration, etc) and justify:**

---

---

---

---

---

**Assessment of Impact on other Programs:**

- Will hiring this house officer have a significant impact on other CVM programs\*\*?  Yes  No
- Has the impact of this hire been discussed and is the hire supported by other programs that may be impacted?  Yes  No

\*\*If yes, please describe the impact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Associate Dean and Director, Veterinary Medical Services**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department Head Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FCHOP Approval**

\_\_\_\_\_  
FCHOP Chair signature

\_\_\_\_\_  
Date

Form approved by FCHOP email vote August 2004  
modified 08/09/05  
modified 03/01/06  
modified 11/15/10  
modified 8/2/2015