



New Jersey Medical School

FACULTY PERSONAL DATA 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 files.

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

PREFERRED EMAIL ADDRESS	PRIMARY OFFICE ADDRESS

CITIZENSHIP _____ **NATURALIZED** Yes No Date: _____

Date of Birth	Gender M F	Place of Birth (City & State)	Social Security Number
Visa: Yes No	Type of Visa: J-1 Visitor		Permanent Resident Number
NPI# (If Applicable)	Veteran: Yes No Disabled Veteran: Yes No	Marital Status: 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 people 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:
STREET ADDRESS:	CITY, STATE, ZIP:
TELEPHONE #:	RELATIONSHIP:

APPLICANT'S SIGNATURE

DATE