

ATTACHMENT A

SPONSORED PROGRAM

1. Title: Sponsored Program Faculty Practice Plan for (Sponsor's Name)
2. Participating Faculty Members: *(List name, title, address, phone number of faculty members participating in the Program- Faculty members added to the program after initial implementation will be included by supplementing this Attachment A')*
3. Program Description: *(Provide sufficient detail that Sponsor will understand what is to be done by MSU under this Agreement, e.g., provide University faculty to function as professional staff in the discipline \_\_\_\_\_ on a part-time basis as arranged with individual faculty members. For each faculty member listed, provide a brief summary of the major type of professional service they will be offering, e.g., neurological rehabilitation, pediatric rehabilitation, etc.)*
4. Start Date:
5. Budget: (Per faculty member)
6. Participating Faculty Member Method of Compensation *(Specify either hourly rate, flat monthly fee or other method of calculation of compensation to the University.)*

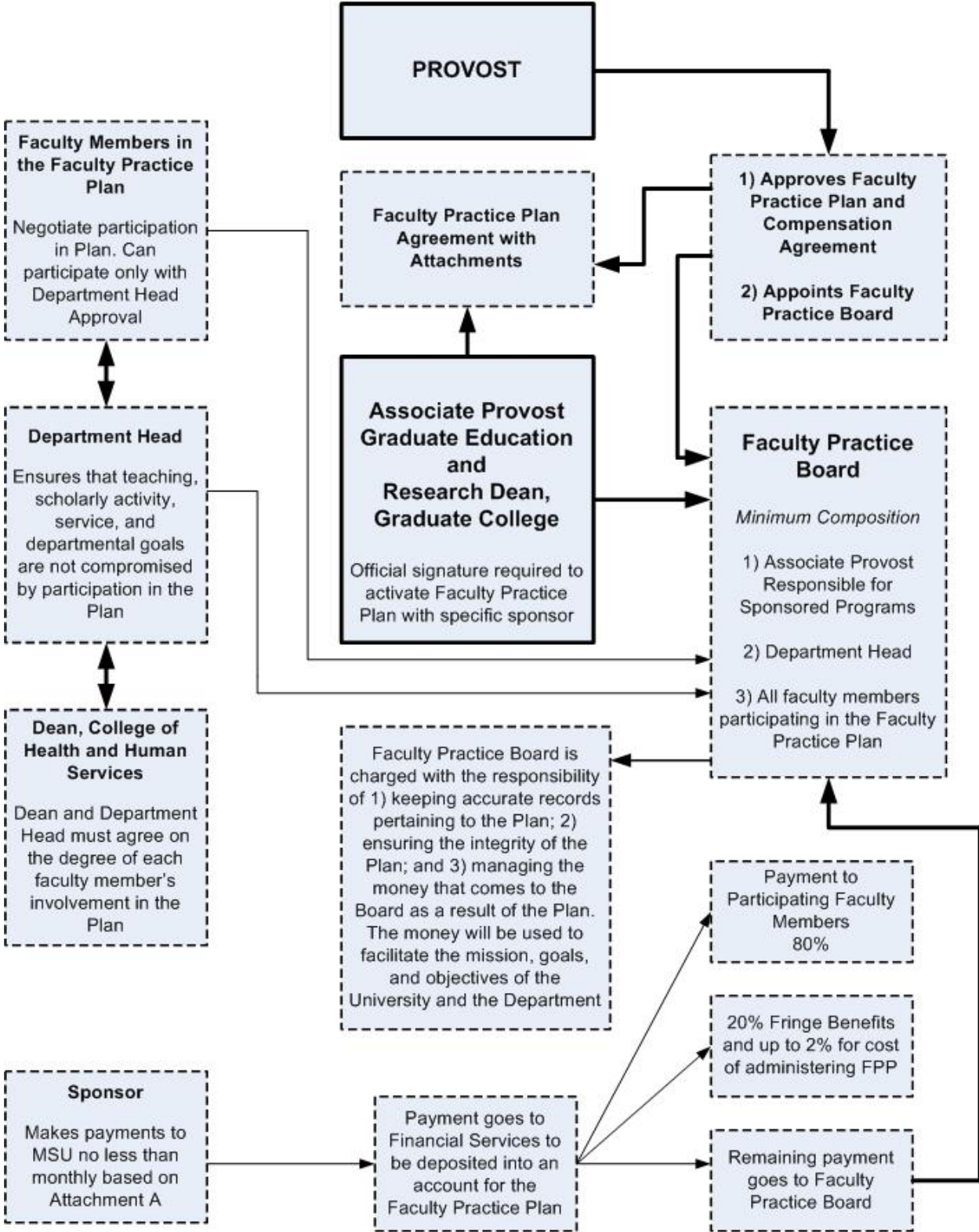
\_\_\_\_\_  
Faculty Member #1 (Name)

\_\_\_\_\_  
Faculty Member #2 (Name)

\_\_\_\_\_  
Faculty Member #3 (Name)

# Missouri State University (MSU)

## Organizational Structure of Faculty Practice Plan



FACULTY MEMBER'S ACKNOWLEDGMENT OF TERMS OF  
FACULTY PRACTICE PLAN

I, \_\_\_\_\_, a faculty member in the department  
of \_\_\_\_\_ desire to participate in the University's Faculty Practice Plan.

I acknowledge that I have reviewed the terms of the University's Faculty Practice Plan and agree to commit myself within the terms of the Plan, as well as the Sponsored Program Agreement between the University and the Sponsor clinical site.

1. I agree that my total compensation as a result of my participation in this Sponsored Program Agreement with \_\_\_\_\_ shall be as set forth herein: \_\_\_\_\_ Dollars (\$) per \_\_\_\_\_, in addition to standard University fringe benefits based on that income.

2. I acknowledge the University will receive \_\_\_\_\_ percent (\_\_\_\_%) of income generated by my participation in the Faculty Practice Plan, to be distributed or retained by the University according to Faculty Practice Plan, and I will personally receive no additional compensation from the amounts retained by the University. I will receive no compensation directly from Sponsor or any person or entity other than University.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Faculty Member)