**UNIVERSITY/VA JOINT APPOINTMENT**

**MEMORANDUM OF UNDERSTANDING**

This form describes the total professional responsibilities mutually arranged by (name of the University) and the (name of the VAMC). The combination of teaching, research, consulting and administrative activities as of (date) at both the University and the VA Medical Center comprise 100 percent of the total professional responsibilities as follows

**NAME OF INVESTIGATOR:**

**Name of the University**

**Title: Department:**

Responsibilities % of Affiliate Effort Proportion of Total Professional Effort

Research Indicate % Indicate %

Teaching and service Indicate % Indicate %

Total University Responsibilities number of hrs/week [indicate % effort]

**Name of the VA Medical Center**

**Title:**  **Service**:

Responsibilities % of Affiliate Effort Proportion of Total Professional Effort

Research Indicate % Indicate %

Teaching and service Indicate % Indicate %

Total VA Responsibilities Number of hrs/week [Indicate % effort]

**Total University+VAMC responsibilities: indicate hrs/week 100%**

Investigator’s Signature

Univ. Department Chair Signature VA Service Chief Signature

Univ. Institutional Signature VA Institutional Signature

It is further confirmed that Dr. ---------- receives partial salaries from both the Veteran’s Administration and (indicate the name of the University), and there is no dual compensation from these two sources for the same work, nor there is an actual or apparent conflict of interest regarding such work. Further, overall professional responsibilities meet the test of reasonableness.