



COLLEGE OF OSTEOPATHIC MEDICINE
Application for Clinical Faculty Appointment

APPOINTMENT DESIRED IN DEPARTMENT OF: [] Family & Community Medicine [] Neurology & Ophthalmology
[] Osteopathic Manipulative Medicine [] Osteopathic Medical Specialties
[] Osteopathic Surgical Specialties [] Pediatrics
[] Physical Medicine & Rehabilitation [] Psychiatry
[] Radiology [] Other (specify _____)

NAME (last, first, middle initial): _____

PREFERRED MAILING ADDRESS: [] Home [] Office [] Other
(Street/City/State/Zip) _____

SECONDARY MAILING ADDRESS: [] Home [] Office [] Other
(Street/City/State/Zip) _____

BUSINESS PHONE: _____ HOME PHONE: _____

FAX: _____ E-MAIL: _____

NATIONAL PROVIDER IDENTIFIER (NPI): _____ RESIDENT: YES [] NO []

DATE OF BIRTH: _____ GENDER: MALE [] FEMALE []

AOA NUMBER: _____ AMA NUMBER: _____

CITIZENSHIP: [] US Citizen [] Permanent Resident [] Non-Resident Alien [] Foreign National Type of Visa _____

ETHNICITY: PLEASE CHECK ALL THAT APPLY: Of Hispanic/Latino Origin Not of Hispanic/Latino Origin

[] American Indian/Alaskan Native [] Hawaiian/PI [] Asian [] Caucasian/White [] Black or African American [] Hispanic [] Other _____

PREVIOUS UNIVERSITY EXPERIENCE (Institution, position, years): _____

CURRENT EMPLOYER: _____

Table with 4 columns: EDUCATION, Degree Earned, Major Field of Study, Institution, Year

INTERNSHIP: Institution _____ Start Date _____ End Date _____

RESIDENCY: Specialty _____ Institution _____ Start Date _____ End Date _____

FELLOWSHIP: Specialty _____ Institution _____ Start Date _____ End Date _____

LICENSES: License Number _____ State _____ Date Issued _____

BOARDS: Certified? [] Yes [] No Specialty _____ Date Issued _____

PRIVILEGES: Hospital _____ City/State _____
Hospital _____ City/State _____
Hospital _____ City/State _____

HAVE YOU EVER BEEN INVOLVED IN THE FOLLOWING: Treated for an addiction? No Yes
Convicted for a felony? No Yes
Had your state license revoked? No Yes

If yes to any of the above, please explain _____

DID THE MEDICAL FACILITY WHERE YOU ARE PRIVILEGED AND CREDENTIALLED CONDUCT A CRIMINAL BACKGROUND CHECK (CBC) FOR YOUR EMPLOYMENT?

Yes - NAME OF HOSPITAL CBC CONDUCTED AT: _____
 No - If you have not had a CBC – it is now mandatory that the department facilitate that prior to finalizing your appointment. The department will be contacting you to follow-up.

****PLEASE SIGN ATTACHMENT A: DISCLOSURE OF RELEVANT BACKGROUND INFORMATION UNPAID FACULTY/ACADEMIC STAFF APPOINTMENT.**

PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:

- CV or Resume
- Attachment A: Disclosure of Relevant Background Information Unpaid Faculty/Academic Staff Appointment

WHEN YOU SIGN BELOW, YOU ACKNOWLEDGE THAT TO THE BEST OF YOUR KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT.

Signature _____ Date _____

Thank you for your interest in a clinical faculty position at the Michigan State University College of Osteopathic Medicine. If you have questions regarding the status of your application, please contact us at com.clinical.faculty@msu.edu.

PLEASE RETURN TO:

Email: com.clinical.faculty@msu.edu
Fax: 517.432.6793

MSUCOM Business Office
East Fee Hall
965 Wilson Road, Room A317
East Lansing, MI 48824

**Attachment A: Disclosure of Relevant Background Information
Unpaid Faculty/Academic Staff Appointment**

Final approval for your appointment rests solely with the Department Chairperson. As part of the final approval process of your appointment, the University will conduct a criminal background check, including degree verification, or, in lieu of conducting a check for those with unpaid clinical appointments, may rely on the checks conducted by the hospital/medical facility where you volunteer for MSU and are privileged and credentialed, and/or hold regular employment. Any falsifications related to your degree or academic credentials may constitute grounds to revoke your offer of appointment.

Additionally, I must inform you that the decision to recommend an academic appointment takes into account all available information regarding an applicant's professional and personal conduct. Your appointment is contingent on the University having your cooperation in learning information needed to assess your candidacy. For this reason, the University requires you to disclose all relevant facts needed to give the University a full and fair understanding of any past conduct that could adversely affect your ability to fulfill successfully your responsibilities with the university, including:

- 1) professional misconduct or sanctions (e.g., debarment by a federal agency; any form of professional discipline or license restriction or surrender; and admission or determination that you have committed research misconduct);
- 2) any formal employment disciplinary action;
- 3) any civil rights violation that you admitted or were determined by a court or other adjudicative process to have committed (e.g., sexual or racial harassment or discrimination); and/or
- 4) any felony crime for which you were arrested and charged or any serious crime (e.g., drug distribution; sexual offenses; violence involving physical injury to another person; child abuse, molestation, or child endangerment; theft or embezzlement) for which the you were convicted or pled "no contest."

Finally, during the course of your appointment, if any of these arrests, conviction or events occur, you are required to self-disclose this information within 72 hours or at the earliest possible opportunity via the Michigan State University Self-Disclosure Form located on the HR website at hr.msu.edu.

Engagement in any such conduct will not, in and of itself, disqualify you for an appointment at the University or result in termination of your current appointment. But, your failure to disclose such information, or any misrepresentation you make in connection with the disclosure, would be grounds to revoke your offer of appointment or terminate your current appointment.

Acknowledged:

Signature

Date