

**WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE**  
**APPLICATION FOR FACULTY PHYSICIAN APPOINTMENT**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ in the Department of: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Are you legally authorized to work in the U.S. \_\_\_\_\_

Will you now, or in the future, require visa sponsorship for employment at WVU? \_\_\_\_\_

Is your visa status employer specific? \_\_\_\_\_

Current Professional Position: \_\_\_\_\_  
(i.e., academic position & institution, private practice & location)

Medical Degree from: \_\_\_\_\_  
School/University                      City/State                      Date of Graduation

Residency Program: \_\_\_\_\_  
Facility/Institution                      City/State                      Date of Training

\_\_\_\_\_  
Facility/Institution                      City/State                      Date of Training

Specialty/Fellowship: \_\_\_\_\_  
Facility/Institution                      City/State                      Date of Training

Board Certification Status: \_\_\_\_\_  
Specialty(s)

Current Medical Licensure & DEA Number: \_\_\_\_\_  
States of Licensure                      DEA Number

**ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR  
CONSIDERATION FOR A FACULTY POSITION:**

1. Has your license to practice your profession in any jurisdiction ever been denied, revoked, suspended, reduced or not renewed?                       yes                       no
  
2. Has your staff membership at any hospital or institution ever been denied, revoked, suspended, reduced or not renewed?                       yes                       no

3. Have you ever been allowed to resign your position rather than face any charge, discipline, or investigation on the part of the medical staff?  
 yes       no
4. Have you ever been questioned or investigated by any state board of medicine or any medical regulatory board regarding any wrong doing on your part or complaint filed against you, including ethics complaints?  
 yes       no
5. Have you ever been questioned or investigated for an alleged DEA violation?  
 yes       no
6. Have you ever been excluded from providing services in any federal health care program or investigated with regard to services to such programs?  
 yes       no
7. Have you ever been found not to be in compliance of institutional policies of a previous employer?  
 yes       no
8. Have you ever been questioned, investigated, or prosecuted for any Medicare or Medicaid fraud allegations?  
 yes       no
9. Have you ever been debarred from receiving federal funding in research or investigated with regard to research activities?  
 yes       no
10. Have you ever been charged, indicted, convicted, or entered a guilty plea (including a plea of nolo contendere or no contest) to **any** offense (felony or misdemeanor) in any jurisdiction?  
 yes       no
11. Have you ever been involved in administrative, professional or judicial proceedings in which malpractice on your part is or was alleged in any jurisdiction?  
 yes       no

**If you answered yes to any of these questions, please furnish additional information on a separate sheet.** Material omissions or misrepresentations relating to the information requested above may result in withdrawal of any offer of employment or later termination of employment.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_