



WEST VIRGINIA UNIVERSITY
SCHOOL OF MEDICINE

Courtesy/Volunteer
Clinical/Adjunct Faculty Appointment Form
(To Be Completed by Appointee)

1. Name _____
Last First M.I.

2. Department or Specialty _____ 3. Social Security No. _____

4. Address: Office _____
street or box number city/state zip code

Home _____
street or box number city/state zip code

5. Phone: Office _____ Home _____
area code/number area code/number

6. Current Professional Position _____
name of employer, private practice, etc.

7. Are you affiliated with West Virginia Rural Health Education Partnerships (RHEP)? _____ Yes _____ No

8. Are you affiliated with the Rural Health Education Consortium/Committee (RHEC)? _____ Yes _____ No

9. Education and Professional Training

Advanced Degrees

<i>College or University</i>	<i>Field of Study</i>	<i>Degrees</i>	<i>Date Received</i>
_____	_____	_____	_____
_____	_____	_____	_____

Graduate, Residency or Specialty Training

<i>Institution</i>	<i>Specialty</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____

10. Board Certification _____
specialty date of certification

11. Medical Licensure _____
States in which you currently hold an *unrestricted* license (Please provide copies)

**If you are participating in clinical activities please complete questions 12& 13, the reverse side, sign, date and return this form.
If you are not participating in clinical activities please complete the reverse side, sign, date and return this form.**

12. Do you have professional liability insurance coverage through WVU for patient care activities related to this clinical/adjunct faculty appointment? _____ Yes (Please provide evidence) _____ No

13. Do you have private professional liability insurance coverage for patient care responsibilities performed as part of this clinical/adjunct faculty appointment? _____ Yes (Please provide evidence) _____ No

Signature _____ Date completed _____

(Both sides of this form must be completed by Appointee)



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ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR CONSIDERATION FOR A COURTESY/VOLUNTEER FACULTY POSITION:

1. Has your license to practice your profession in any jurisdiction ever been revoked, suspended, reduced or not renewed? yes no
2. Has your staff membership at any hospital or institution ever been revoked, suspended, reduced or not renewed? yes no
3. Do you presently, or have you ever in the past, had a physical or mental health condition, including but not limited to alcohol or drug dependency that affects or is reasonably likely to affect your duty to perform professional or medical staff duties appropriately? yes no
4. Have you ever been allowed to resign your position rather than face any charge or investigation on the part of the medical staff? yes no
5. Have you ever been investigated by any state board of medicine or any medical regulatory board regarding any wrong doing on your part or complaint filed against you? yes no
6. Have you ever been investigated for alleged DEA violation? yes no
7. Have you ever been excluded from providing services in any federal health care program? yes no
8. Have you ever been found not to be in compliance of institutional policies of a previous employer? yes no
9. Have you ever been prosecuted for any Medicare or Medicaid fraud allegations? yes no
10. Have you ever been debarred from receiving federal funding in research? yes no
11. Have you ever been convicted, plead guilty to, nolo contendere to any felony in any jurisdiction? yes no

If you answered yes to any of these questions, please furnish additional information on a separate sheet.

Please attach a current biographical sketch that includes membership in professional societies, honors, military service, teaching and professional experience, and publications.

Signature _____ Date completed _____