

WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE
APPLICATION FOR FACULTY PHYSICIAN, PSYCHOLOGIST, or MIDWIFE
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)

Physicians

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

Midwives

Degree from: _____
School/University City/State Date of Graduation

Professional Training Program:

Facility/Institution City/State Date of Training

Psychologist

Degree from: _____
School/University City/State Date of Graduation

Internship Training Program:

Facility/Institution City/State Date of Training

10. 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 list details, dates, and additional information.

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: _____ Electronic Signature of Applicant _____