

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 (Y or N)? _____

Will you now, or in the future, require visa sponsorship for employment at WVU (Y or N)?

Is your visa status employer specific (Y or N)? _____

With or without a reasonable accommodation, are you able to complete the duties and responsibilities of the job? (Y or N) _____

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

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 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 _____