

## Form B

### WVU Health Sciences Center Initial Application for Adjunct/Courtesy Faculty Appointment

(To Be Completed by Department Chair)

Name of Requestor (chair or designee): \_\_\_\_\_

Name of Appointee: \_\_\_\_\_

Academic Rank Requested: \_\_\_\_\_

#### Departmental/School activities in which the appointee will participate:

**A) Educational Activities:** If applicable, describe how the appointee will participate in the education mission.

**B) Research Activities:** If applicable, describe how the appointee will participate in the research mission.

**C) Other Non-clinical Activities:** Describe how the appointee will participate in the Department/School missions if their role is not reflected in categories A, B or D.

#### **D) Clinical Activities:**

Will the appointee be participating in clinical activities?

Yes (Please complete questions 1 – 8, sign and date this form on the second page)

No (Please sign and date this form on the second page)

1. Is appointee a Visiting Clinician?  Yes  No
2. Will this appointee participate in medical care of patients as part of his/her assigned faculty responsibilities?  Yes  No
3. If so, in what facility or location (WVUH, POC, Family Practice Clinic, Chestnut Ridge Hospital, WVUH East, VA Clarksburg, VA Martinsburg, etc.)? \_\_\_\_\_
4. Please describe the type of participation (consultation, attending, clinic patients, take call, RHEP, RHEC, etc.). \_\_\_\_\_
5. Has the appointee met the necessary credentialing requirements with appropriate hospital privileges?  Yes  No If so, at what facility? \_\_\_\_\_
6. Has evidence been provided to assure the appointee has professional liability insurance coverage through WVU for patient care activities related to this clinical/adjunct faculty appointment?  
 Yes  No
7. Has evidence been provided that the appointee has private professional liability insurance coverage for patient care responsibilities performed as part of this clinical/adjunct faculty appointment?  
 Yes  No
8. Does this appointee receive a stipend or other remuneration from the Department for activities related to this appointment?  Yes  No

Signature \_\_\_\_\_  
Department Chair

Date: \_\_\_\_\_

*Please submit this form along with the other documentation listed on the Checklist and Cover Page to the designated representative in the Dean's Office to be reviewed for completeness and distributed for the approval process per the respective School policy.*