



Form B - To Be Completed by Department Chair
WVU Health Sciences Center
Initial Application for Courtesy Faculty Appointment

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 educational mission.

Three horizontal lines for describing educational activities.

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

Three horizontal lines for describing research activities.

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.

Three horizontal lines for describing other non-clinical activities.

D) Clinical Activities

Will the appointee be participating in clinical activities?

- Yes, please complete the questions 1-8, sign and date this form on the second page
No, please sign and date this form on the second page



### Clinical Activities

- 1) Is the appointee a Visiting Physician?  
 Yes
- 2) Will this appointee participate in medical care of patients as part of his/her assigned faculty responsibilities?  
 Yes
- 3) If so, in what facility or location will the appointee participate in medical care of patients? Please include the Physical Location (City, State) and the Practice Location (Hospital/Clinic)
  - Physical Location: \_\_\_\_\_
  - Practice Location: \_\_\_\_\_
- 4) Please describe the type of participation (e.g., consultation, attending, clinic patients, take call, RHI, WV AHEC, etc.)  
\_\_\_\_\_
- 5) Has the appointee met the necessary credentialing requirements with appropriate hospital privileges? If so, at what facility?  
 Yes, \_\_\_\_\_
- 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: \_\_\_\_\_

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

*Please submit this form along with the other documentation listed on the Checklist 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.*