VOLUNTARY APPOINTMENT CHECKLIST- AFFILIATE

Name _____   Banner ID _____   Date OFA Received _____

Rank Requested _____   Position # _____

Degree Type: ☐ MD ☐ DO ☐ PhD
☐ Other Degree Type _____

Effective Date _____

NPI # _____   MI Professional License #: _____   Expiration Date _____
(http://npinumberlookup.org)

Department _____   Board Cert # _____   Expiration Date _____

Primary Affiliation

Document	Candidate	Affiliate	WSU Dept.	OFA
Completed Checklist as cover page for packet	▓		▓	▓
Assignment Form *Candidate completes 1st four lines*		▓	▓	▓
WSU Dept. completes remainder	▓			
Affiliate Chair Letter *(address teaching quality, quantity, duration @ WSU/prior institutions - Please include signature block for WSU Chair)*	▓	▓	▓	
WSU Chair Signature	▓			
Letters of Recommendation *2 letters required.*	▓	▓	▓	
Letter of Offer	▓		▓	
WSU SOM Policies: *Acknowledgement that the Student Mistreatment, the Professionalism (Code of Conduct) and the Student Confidentiality policies have been reviewed*				
Curriculum Vitae (in required format for) *For Voluntary CV requirements,* Entry level-Adjunct/Clinical Assistant/Instructor ; Advance level-FTA, Adjunct/Clinical Associate/Professor				
Photocopy of Michigan license (if applicable) https://W2.lara.state.mi.us/val/license/search		▓	▓	
Photocopy of Board Certification(s) (if applicable) MD: http://www.certifacts.org/specialties.html DO: http://www.osteopathic.org/osteopathic-health/Pages/find-a-do-search.aspx		▓	▓	
Official Transcript (Faculty candidates without MI license only); Notarized copies acceptable for foreign graduates only		▓	▓	
Voluntary Faculty Data Sheet		▓	▓	
Background Check Request	▓		▓	

SUBMISSION INFORMATION				
(Affiliate departments should email complete packet as a .pdf to the affiliate liaison who will submit to OFA)				
Submitted by: _____	**Phone** _____		**Email** _____	

To be completed by the Office of Faculty Affairs Only

Current Appointment	☐ Yes ☐ No	Prior Appointment	☐ Yes ☐ No	Date File Pulled	
E/C Review Date		E/C Decision	☐ Approved ☐ Denied ☐ Tabled ☐ Corrections Required		
Background Check *(Requested by OFA)*	☐ Required ☐ Not Required	Date requested:		Date results received:	
	Requested by: _____	Fully Executed LOO Recd.		Welcome Letter Sent	
AAMC FAMOUS Form Processing Date		Banner Entry Date		OFA Specialist	