



WAYNE STATE UNIVERSITY

WARRIOR STRONG

Office of Faculty Affairs and Professional Development - Voluntary Faculty Application Form

Voluntary faculty in the School of Medicine provide at least 50 hours of clinical or basic science teaching, mentorship, or service in several areas including reviewing AMCAS applications and interviewing students applying for admission

Only typewritten applications are accepted. Our electronic document management system cannot process handwritten forms

Select Department :	
Personal Information	
Legal First Name:	
Legal Middle Name:	
Legal Last Name:	
Birth Day:	
Birth Month:	
Previous Name(s) (if applicable):	
Degree:	
Have you ever had a Wayne State University access id (xx1234)?	Yes No
If Yes, please list your WSU AccessID:	
Mailing Address line 1:	
Address line 2:	
City:	
State/province/region:	
Postal/zip code:	
Country:	
Cell Phone:	
Office Phone :	
E-mail :	
Fax:	
Name and location of Affiliated Institution where you practice (if applicable):	
References	
Name of Affiliate Supervisor or Chair (Applicants from unaffiliated institutions or practices should list a Peer instead):	
Degree:	
Academic Rank :	
Institution :	
Email :	
Phone Number :	
Name of Second Peer Reference:	
Degree:	
Academic Rank :	
Institution :	
Email :	
Phone Number :	
Name of Third Peer Reference :	
Degree:	
Academic Rank:	
Institution :	
Email:	
Phone Number :	

Professional Information

Your Medical License Number:	
State of Issuance:	
Expiration Date:	
Your DEA Number:	
Your NPI Number:	

Please attach a signed and dated current Curriculum Vitae
Attach Copies of All Active Licenses (Clinicians Only):
Attach Copies of Primary and All Active Board Certifications (Clinicians Only):
Attach Copies of Your Academic Records/Transcripts (Basic Scientists Only):

Gaps. Use this space to explain any gaps in education, training or employment or provide any other information	
---	--

College Education in Reverse Chronological Order. Fill this section if you do not attach a CV or your CV lacks this information.

Institution 1:	
Institution City, State & Country :	
Discipline :	
Degree:	Date Granted :
Institution: 2	
Institution City, State & Country:	
Discipline:	
Degree:	Date Granted:
Institution 3:	
Institution City, State & Country :	
Discipline :	
Degree:	Date Granted:

Residency and Fellowship Training in Reverse Chronological Order. Fill this section if you do not attach a CV or your CV lacks this information.

Institution 1:	
Discipline:	Date Completed:
Institution 2:	
Discipline :	Date Completed:
Institution 3 :	
Discipline :	Date Completed:

List all Active Board Certifications

Active Board 1:	
Date First Certified :	
Latest Recertification :	Expiration Date :
Active Board 2 :	
Date First Certified :	
Latest Recertification :	Expiration Date :
Active Board: 3	
Date First Certified :	
Latest Recertification :	Expiration Date :

Academic Appointments in Reverse Chronological Order. Fill this section if you do not attach a CV or your CV lacks this information.

Institution 1:	
Highest Rank :	Inclusive Dates:
Institution 2 :	
Highest Rank :	Inclusive Dates:
Institution 3 :	
Highest Rank :	Inclusive Dates:

Employment History in Reverse Chronological Order. Fill this section if you do not attach a CV or your CV lacks this information.	
Job Title & Employer 1:	
Inclusive Dates:	
Job Title & Employer 2:	
Inclusive Dates:	
Job Title & Employer 3:	
Inclusive Dates:	
Additional Information	
Acknowledgements and attestations. Please read the following policies then check all the applicable boxes.	
Student Mistreatment Policy (Student M.D. Handbook pages 37-40):	I acknowledge that I have read, understood and will comply with the Student Mistreatment Policy
SOM Professionalism Policy (Code of Conduct):	I acknowledge that I have read, understood and will comply with the SOM Professionalism Policy
Student Confidentiality Policy (Student M.D. Handbook pages 27-28):	I acknowledge that I have read, understood and will comply with the Student Confidentiality Policy
Research Integrity Policy:	I acknowledge that I have read, understood and will comply with the Research Integrity Policy
Conflict of Interest & Interactions Policy:	I acknowledge that I have read, understood and will comply with the Conflict of Interest & Interactions Policy
I affirm that :	I am not being investigated for and have not been subject to actions or sanctions related to professionalism or ethics, including, but not limited to, suspension or revocation of a medical license from any state, Medicare fraud, sexual harassment or discrimination, research misconduct or misappropriation of grant funds., In all professional activities as member of the faculty of WSUSOM: I will identify my current rank, and I will use the correct prefix (Clinical or Adjunct),I will return all student & other evaluations within 14 days of the end of rotations as required
Describe your teaching experience with WSUSOM students & others :	

Signature

Date

Office Use Only

Status:	
Date Entered:	
IP:	
Authenticated:	
Reference:	
User Info ID:	
Submission ID:	