



Voluntary Faculty Application Form

Wayne State University School of Medicine - Office of Faculty Affairs and Professional Development

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

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

Select WSUSOM Department: _____

Policies and Attestations

To unlock the application form, please review the following policies and check all listed attestations.

I acknowledge I have read, understood and will comply with the [Student Mistreatment Policy](#)

I acknowledge I have read, understood and will comply with the [SOM Professionalism Policy](#)

I acknowledge I have read, understood and will comply with the [Student Confidentiality Policy](#)

I acknowledge I have read, understood and will comply with the [Research Integrity Policy](#)

I acknowledge I have read, understood and will comply with the [Conflict of Interest Policy](#)

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

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

Personal Information

Legal First Name	Cell Phone
Legal Middle Name	Office Phone
Legal Last Name	Mailing Address line 1
Degree	Mailing Address line 2
Previous Name(s)	City
Birth Month	State
Birth Day	Postal/Zip code
E-mail	Country

Please list previous WSU AccessID (xx1234), if available. If not, please type N/A

Attachments

Please attach all applicable documents and check the respective boxes

Signed and dated current Curriculum Vitae

[Biographic Data Form in lieu of CV](#) (Applicants for Instructor and Assistant Professor ranks only)

Copies of All Active Licenses (Clinicians Only):

Copies of Primary and All Active Board (Clinicians Only)

Copies of Your Academic Records/Transcripts (Basic Scientists Only)

[Supplemental Teaching Form](#) (Applicants for Associate and Full Professor ranks only)

Gaps - Use this space to explain any gaps in education, training or employment or provide any other Teaching - Describe your teaching experience with WSUSOM students & others

Name and location of Affiliated Institution where you practice (if applicable)

Professional Information

Medical License No.	Your DEA Number
State of Issuance	Your NPI Number
Expiration Date	

References

Submit information for 3 or more peers. Applicants from Affiliates must list Affiliate Chair/Supervisor

Name of Affiliate	Name of Third Peer
Supervisor or Chair	Reference
Degree	Degree
Academic Rank	Academic Rank
Institution	Institution
Email	Email
Phone Number	Phone Number
Name of Second Peer	Name of Fourth Peer
Reference	Reference
Degree	Degree
Academic Rank	Academic Rank
Institution	Institution
Email	Email
Phone Number	Phone Number

Additional Information

Signature

Date