



# 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**

Department	
Legal First Name	
Legal Middle Name	
Legal Last Name	
Birth Month	
Birth Day	
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 (if known)	
Mailing Address line 1	
Mailing Address line 2	
City: State/province/region	
Postal/zip code	
Country	
Cell Phone	
Office Phone	
E-mail	
Fax	

### Professional Information (Clinicians Only)

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

**Teaching - Describe your teaching experience with WSUSOM students & others**

#### Attachments

I have attached		Signed and dated current Curriculum Vitae
		<a href="#">Biographic Data Form in lieu of CV (Applicants for Instructor and Assistant Professor ranks only)</a>
		Copies of All Active Licenses (Clinicians Only):
		Copies of Primary and All Active Board Certifications (Clinicians Only)
		Copies of Your Academic Records/Transcripts (Basic Scientists Only)
		<a href="#">Supplemental Teaching Form (Applicants for Associate and Full Professor ranks only)</a>

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

**Acknowledgements and attestations - Please read the following policies then  
check all applicable boxes**

Student Mistreatment Policy (Student M.D. Handbook pages 37-40)	<input type="checkbox"/>	I acknowledge I have read, understood and will comply with the Student Mistreatment Policy
SOM Professionalism Policy (Code of Conduct)	<input type="checkbox"/>	I acknowledge I have read, understood and will comply with the SOM Professionalism Policy
Student Confidentiality Policy (Student M.D. Handbook pages 27-28)	<input type="checkbox"/>	I acknowledge I have read, understood and will comply with the Student Confidentiality Policy
Research Integrity Policy	<input type="checkbox"/>	I acknowledge I have read, understood and will comply with the Research Integrity Policy
Conflict of Interest & Interactions Policy	<input type="checkbox"/>	I acknowledge I have read, understood and will comply with the Conflict of Interest & Interactions Policy
I affirm that	<input type="checkbox"/>	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.
	<input type="checkbox"/>	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)
	<input type="checkbox"/>	I will return all student & other evaluations within 14 days of the end of rotations as required

**References**

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

**Additional Information**

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**Signature**

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**Date**

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