Voluntary Faculty Application Form

Select WSUSOM Department:

Submit only typewritten forms. Our electronic data management system cannot process handwritten forms

Policies and Attestations

**To unlock the application form, please review the following policies and check all listed attestations.
Successive check boxes will appear as boxes are checked**

I am aware that 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

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**

In all professional activities, I will identify my current WSUSOM rank and prefix (Clinical or Adjunct)

I will return all student & other evaluations within 14 days of the end of rotations as required

Important Notice: Applicants for voluntary faculty appointments who are in the USA on non-immigrant visas must ensure that a voluntary faculty appointment does not violate any of the terms of their visa.

Personal Information

This section becomes fillable and can be completed only after all items above had been completed and checked

Legal First Name

Legal Middle Name

Legal Last Name

Degree

Previous Name(s)

Birth Month

Birth Day

E-mail

Cell Phone

Office Phone

Mailing Address line 1

Mailing Address line 2

City

State

Postal/Zip code

Country

Please list previousWSU 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)

Copies of student, trainee, peer, and other evaluations   **Check this box if evaluations are not available**

Gaps - Use this space to explain any gaps in education, training or employment

Teaching - Describe your teaching experience with WSUSOM students and others

Name of Affiliate

If you selected "Other", please list

Address of primary practice site or Affiliate

Professional Information

Medical License No.

State of Issuance

Expiration Date

Your DEA Number

Your NPI Number

Are you being investigated for or have 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?   **No   Yes**
(If Yes, please explain in "Additional Information" box below)

Additional Information

References

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

Affiliate Chair/Supervisor

Degree

Academic Rank

Institution

Email

Phone Number

Name of Second Peer

Degree

Academic Rank

Institution

Email

Phone Number

Name of Third Peer

Degree

Academic Rank

Institution

Email

Phone Number

Name of Fourth Peer

Degree

Academic Rank

Institution

Email

Phone Number

Signature

Date