Voluntary Faculty Application Form

Select WSUSOM Department: Select

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		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 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	Select
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		Name of Third Peer	
Degree		Degree	
Academic Rank		Academic Rank	
Institution		Institution	
Email		Email	
Phone Number		Phone Number	
Name of Second Peer		Name of Fourth Peer	
Degree		Degree	
Academic Rank		Academic Rank	
Institution		Institution	
Email		Email	
Phone Number		Phone Number	

Signature

Date