

MICHIGAN STATE  
UNIVERSITY

COLLEGE OF HUMAN MEDICINE

APPLICATION FOR CLINICAL or ADJUNCT FACULTY APPOINTMENT

MSU's Clinical/Adjunct faculty appointment system is used for those individuals whose primary responsibility and source of income is outside MSU, but who agree to provide educational services in support of MSU's mission. Those appointed in this system are also referred to as "prefix" faculty. Appointment length varies but is generally for 3 years and is renewable. Promotion is based upon meeting established minimum criteria approved by the College of Human Medicine Advisory Council as well as specific department criteria.

*Please type or print all information legibly. Incomplete applications or missing information may delay appointment!*

CHM Community Affiliation:  Flint  Grand Rapids  Traverse City  
 Kalamazoo  Lansing  
 Saginaw  Upper Peninsula

I am requesting appointment in the Department(s) of:

*Note: Pending Board of Trustees (BOT) approval for new academic departments in Grand Rapids, all incoming Grand Rapids faculty will be appointed to the Dean's Office and will be transferred to the requested department when BOT approval is received.*

East Lansing-based Departments

- Family Medicine
- Medicine
- Neurology/Ophthalmology
- Pediatrics & Human Development
- Radiology
- Psychiatry
- Surgery

Grand Rapids-based Departments

- Ambulatory Medicine
- Anesthesiology
- Cardiovascular Medicine
- Emergency Medicine
- Hospital-based Medicine
- Ophthalmology
- Pediatrics
- Radiology
- Surgery
- Translational Science
- Urology

- Obstetrics, Gynecology & Reproductive Biology

- Other: \_\_\_\_\_
- Uncertain – Please advise

NAME (last, first, middle initial): \_\_\_\_\_

PREFERRED MAILING ADDRESS:  Home  Office  Other

(Street/City/State/Zip): \_\_\_\_\_

SECONDARY MAILING ADDRESS:  Home  Office  Other

(Street/City/State/Zip): \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PRACTICE GROUP AFFILIATION (name and address if applicable): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ U.S. CITIZEN?  Yes  No

IF NOT US CITIZEN:  Permanent Resident  Foreign National Type of Visa \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_ **GENDER:**  Male  Female  
**ETHNICITY:**  Black  Asian/Pacific Islander  Hispanic  Amer. Indian/Alaskan  Caucasian  
**ANY RELATIVE EMPLOYED BY MSU?**  No  Yes \*(If yes, name, relationship, title, department): \_\_\_\_\_

<b>EDUCATION:</b>	Degree Earned	Major Field of Study	Institution	Year
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

**POSTGRADUATE TRAINING**  
**INTERNSHIP:** Institution \_\_\_\_\_ Dates \_\_\_\_\_

**RESIDENCY:** Specialty \_\_\_\_\_ Institution \_\_\_\_\_ Dates \_\_\_\_\_  
Specialty \_\_\_\_\_ Institution \_\_\_\_\_ Dates \_\_\_\_\_

**FELLOWSHIP:** Specialty \_\_\_\_\_ Institution \_\_\_\_\_ Dates \_\_\_\_\_

**LICENSES:** License Number \_\_\_\_\_ State \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Number \_\_\_\_\_ State \_\_\_\_\_ Date Issued: \_\_\_\_\_  
License Pending? \_\_\_\_\_ (indicate reason, e.g., new resident or out-of-state)

**BOARD ELIGIBILITY/ CERTIFICATIONS**  
Certified?  Yes  No Specialty \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Certified?  Yes  No Specialty \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Eligible?  Yes  No Specialty \_\_\_\_\_ Date \_\_\_\_\_

**PRIVILEGES:**  
Hospital \_\_\_\_\_ City/State \_\_\_\_\_  
Hospital \_\_\_\_\_ City/State \_\_\_\_\_  
Hospital \_\_\_\_\_ City/State \_\_\_\_\_

**PREVIOUS UNIVERSITY EXPERIENCE**  
Institution \_\_\_\_\_ Position \_\_\_\_\_ Years: \_\_\_\_\_  
Institution \_\_\_\_\_ Position \_\_\_\_\_ Years: \_\_\_\_\_

Is there any other information you would like us to know as we consider your application for appointment and rank? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE INCLUDE AN UPDATED CURRICULUM VITAE OR RESUME' WITH THIS APPLICATION**

*To the best of my knowledge, I certify that all information provided in this application is correct.*  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* *Office use only:* MSU Conflict of Interest form is:  Attached  On File (previously submitted)  
8/2008