

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 three years and is renewable. Promotion is based on 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. All fields are required. Incomplete applications or missing information may delay appointment.

COMMUNITY AFFILIATION:

- Flint Grand Rapids Lansing Midland Traverse City Upper Peninsula Southeast Michigan

DEPARTMENT: I am requesting appointment in the department(s) of:

- | | | |
|--|---|---|
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Pediatrics & Human Development | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Translational Science & Molecular Medicine |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Radiology | <input type="checkbox"/> Center for Ethics and Humanities |
| <input type="checkbox"/> Obstetrics, Gynecology & Reproductive Biology | | <input type="checkbox"/> <i>Uncertain – Please advise</i> |

DIVISION:

- Division of Public Health

NAME: FIRST _____ **MIDDLE** _____ **LAST** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____ **GENDER:** Male Female

CITIZENSHIP: U.S. Citizen Non Resident Alien Non-Citizen Nat'l of U.S. Permanent Resident

TYPE OF VISA: _____ **COUNTRY OF CITIZENSHIP:** _____

ETHNICITY/RACE: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

Please check at least one status as well as all that apply: American Indian or Alaskan Native Asian
 Black or African American Hawaiian/Pacific Islander White

PREFERRED MAILING ADDRESS: Home Office Other

(Street/City/State/Zip): _____

SECONDARY MAILING ADDRESS: Home Office Other

(Street/City/State/Zip): _____

HOME PHONE: _____ **CELL PHONE:** _____ **BUSINESS PHONE:** _____

E-MAIL: _____

EMERGENCY CONTACT INFORMATION:

NAME: First _____ Last _____ Phone _____

Address _____ City _____ State _____ Zip _____

ANY RELATIVE EMPLOYED BY MSU? No Yes *(If yes, name, relationship, title, department)

MEDICAL PRACTICE NAME: _____

ADDRESS: _____

GROUP AFFILIATION (e.g., SHMG, Advantage Health): _____

ADDRESS: _____

EDUCATION:

Degree 1:

Most Relevant Highest Degree _____

Major Field of Study _____

School (Institution) _____

Date Degree Received _____

Degree 2:

Most Relevant Highest Degree _____

Major Field of Study _____

School (Institution) _____

Date Degree Received _____

POSTGRADUATE TRAINING:

INTERNSHIP: Institution _____ Dates _____

RESIDENCY: Specialty _____ Institution _____ Dates _____

Specialty _____ Institution _____ Dates _____

FELLOWSHIP: Specialty _____ Institution _____ Dates _____

NATIONAL PROVIDER ID _____

MEDICAL LICENSE:

License Number _____ State _____ Date Issued _____

License Pending? _____ (indicate reason, e.g., new resident or out-of-state)

BOARD ELIGIBILITY/ CERTIFICATIONS:

Certified? Yes No Certified Specialty _____ Date Issued _____

Other Specialty _____

If not board-certified, are you board-eligible? Yes No Eligible Specialty _____

PRIVILEGES:

Hospital _____ City/State _____

Hospital _____ City/State _____

PREVIOUS ACADEMIC EXPERIENCE:

Institution _____ Position _____ Years _____

Institution _____ Position _____ Years _____

Please indicate the area(s) of academic service you are most interested in providing:

- Teaching/precepting preclinical students (PBL, Clinical Skills, Ethics, guest lectures, etc.)
- Teaching/precepting clinical students in my office or the hospital
- Serving on a College of Human Medicine committee (Admissions, Curriculum Development, etc)
- Acting as a formal mentor for students
- Teaching residents in a College of Human Medicine sponsored or affiliated residency program
- Engaging with students or residents on a research project
- Other _____

PLEASE INCLUDE A CURRENT CURRICULUM VITAE WITH THIS APPLICATION

To the best of my knowledge, I certify that all information provided in this application is correct.

Signature: _____ **Date:** _____