



**COLLEGE OF OSTEOPATHIC MEDICINE**

*Application for Clinical Faculty Appointment*

**APPOINTMENT DESIRED IN DEPARTMENT OF:**

Family & Community Medicine     Neurology & Ophthalmology  
 Osteopathic Manipulative Medicine     Osteopathic Medical Specialties  
 Osteopathic Surgical Specialties     Pediatrics  
 Physical Medicine & Rehabilitation     Psychiatry  
 Radiology     Other (specify \_\_\_\_\_)

**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:** \_\_\_\_\_

**FAX:** \_\_\_\_\_    **E-MAIL:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**GENDER**     MALE     FEMALE

**DATE OF BIRTH:** \_\_\_\_\_

**NATIONAL PROVIDER IDENTIFIER (NPI) CMS TYPE 1:** \_\_\_\_\_

**AOA NUMBER:** \_\_\_\_\_

**AMA NUMBER:** \_\_\_\_\_

**CITIZENSHIP:**     US Citizen     Permanent Resident     Non-Resident Alien     Foreign National    Type of Visa \_\_\_\_\_

**ETHNICITY:**     Of Hispanic/Latino Origin     Not of Hispanic/Latino Origin

**PLEASE CHECK AT LEAST ONE STATUS, AS WELL AS ALL THAT APPLY:**

American Indian or Alaskan Native     Hawaiian PI     Asian     White     Black or African American

**PREVIOUS UNIVERSITY EXPERIENCE (Institution, position, years):** \_\_\_\_\_

**ANY RELATIVE EMPLOYED BY MSU?**     No     Yes (if yes, name, relationship, title, dept) \_\_\_\_\_

**CURRENT EMPLOYER:** \_\_\_\_\_

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

**INTERNSHIP:**    Institution \_\_\_\_\_    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

**RESIDENCY:**    Specialty \_\_\_\_\_    Institution \_\_\_\_\_    Start Date \_\_\_\_\_    End Date \_\_\_\_\_  
Specialty \_\_\_\_\_    Institution \_\_\_\_\_    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

**FELLOWSHIP:**    Specialty \_\_\_\_\_    Institution \_\_\_\_\_    Start Date \_\_\_\_\_    End Date \_\_\_\_\_

<b>LICENSES:</b>	License Number	State	Date Issued

<b>BOARDS:</b>	Certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Specialty	Date Issued

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

**HAVE YOU EVER BEEN INVOLVED IN THE FOLLOWING:** Treated for an addiction?  No  Yes  
Convicted for a felony?  No  Yes  
Had your state license revoked?  No  Yes

If yes to any of the above, please explain \_\_\_\_\_

**DID THE MEDICAL FACILITY WHERE YOU ARE PRIVILEGED AND CREDENTIALED CONDUCT A CRIMINAL BACKGROUND CHECK (CBC) FOR YOUR EMPLOYMENT?**

Yes - NAME OF HOSPITAL CBC CONDUCTED AT: \_\_\_\_\_  
 No - If you have not had a CBC - it is now mandatory that the department facilitate that prior to finalizing your appointment. The department will be contacting you to follow-up.

**\*\*PLEASE SIGN ATTACHMENT A: DISCLOSURE OF RELEVANT BACKGROUND INFORMATION UNPAID FACULTY/ACADEMIC STAFF APPOINTMENT.**

**PLEASE ATTACH THE FOLLOWING ITEMS TO THIS APPLICATION:**

- CV or Resume
- Copies of advanced degree(s)
- Copies of license(s)
- Two letters of professional reference
- Attachment A: Disclosure of Relevant Background Information Unpaid Faculty/Academic Staff Appointment

**WHEN YOU SIGN BELOW, YOU ACKNOWLEDGE THAT TO THE BEST OF YOUR KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your interest in a clinical faculty position within the  
Michigan State University College of Osteopathic Medicine.  
If at any time you have questions regarding the status of your application  
or the MSU College of Osteopathic Medicine,  
please do not hesitate to contact MSUCOM Business Office at 517.353.5470**

**PLEASE RETURN TO:**

**MSUCOM Business Office  
East Fee Hall  
965 Fee Road, Room A317  
East Lansing, MI 48824**

**Or via fax 517.432.6793**

**Attachment A: Disclosure of Relevant Background Information**  
**Unpaid Faculty/Academic Staff Appointment**

Final approval for your appointment rests solely with the Department Chairperson. As part of the final approval process of your appointment, the University will conduct a criminal background check, including degree verification, or, in lieu of conducting a check for those with unpaid clinical appointments, may rely on the checks conducted by the hospital/medical facility where you volunteer for MSU and are privileged and credentialed, and/or hold regular employment. Any falsifications related to your degree or academic credentials may constitute grounds to revoke your offer of appointment.

Additionally, I must inform you that the decision to recommend an academic appointment takes into account all available information regarding an applicant's professional and personal conduct. Your appointment is contingent on the University having your cooperation in learning information needed to assess your candidacy. For this reason, the University requires you to disclose all relevant facts needed to give the University a full and fair understanding of any past conduct that could adversely affect your ability to fulfill successfully your responsibilities with the university, including:

- 1) professional misconduct or sanctions (e.g., debarment by a federal agency; any form of professional discipline or license restriction or surrender; and admission or determination that you have committed research misconduct);
- 2) any formal employment disciplinary action;
- 3) any civil rights violation that you admitted or were determined by a court or other adjudicative process to have committed (e.g., sexual or racial harassment or discrimination); and/or
- 4) any felony crime for which you were arrested and charged or any serious crime (e.g., drug distribution; sexual offenses; violence involving physical injury to another person; child abuse, molestation, or child endangerment; theft or embezzlement) for which you were convicted or pled "no contest."

Finally, during the course of your appointment, if any of these arrests, conviction or events occur, you are required to self-disclose this information within 72 hours or at the earliest possible opportunity via the Michigan State University Self-Disclosure Form located on the HR website at [hr.msu.edu](http://hr.msu.edu).

Engagement in any such conduct will not, in and of itself, disqualify you for an appointment at the University or result in termination of your current appointment. But, your failure to disclose such information, or any misrepresentation you make in connection with the disclosure, would be grounds to revoke your offer of appointment or terminate your current appointment.

Acknowledged:

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Signature

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Date