## WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE

## APPLICATION FOR FACULTY PHYSICIAN, PSYCHOLOGIST, or MIDWIFE APPOINTMENT

Name:		Social Security #:		
Position Applying for: _		in the Department of: City/State/Zip:		
Mailing Address:				
Are you legally authorize	ed to work in the U.S.?_			
Will you now, or in the f	uture, require visa spons	sorship for employn	nent at WVU?	
Is your visa status emplo	yer specific?			
Current Professional Pos	ition:			
Current Professional Pos	(i.e., academic positi	on & institution, private	e practice & location)	
Physicians Medical Degree from:				
<u> </u>	School/University	City/State	Date of Graduation	
Residency Program:				
, ,	Facility/Institution	City/State	Date of Training	
	Facility/Institution	City/State	Date of Training	
Specialty/Fellowship:				
	Facility/Institution	City/State	Date of Training	
Midwives				
Degree from:				
	School/University	City/State	Date of Graduation	
Professional Training Pro	ogram:			
Facility/Institution	City/State	Date of T	raining	
<b>Psychologist</b>				
Degree from:	School/University	City/State	Date of Graduation	
	School Oniversity	City/State	Date of Oraquation	
Internship Training Prog	ram:			
Facility/Institution	City/State	Date of T	raining	
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Revised 4-2021

Postdoctoral Training Program:							
Fac	cility/Institution	City/State	Date o	f Training			
Board Certification Status: Specialty(s)							
Current Medical Licensure & DEA Number:  States of Licensure  DEA Number							
ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR CONSIDERATION FOR A FACULTY POSITION:							
1.	Has your license to practice suspended, reduced or not re		n any jurisdiction yes	n ever been denied, revoked,			
2.	Has your staff membership suspended, reduced or not re		institution ever l	been denied, revoked,			
3.	Have you ever been allowed investigation on the part of the			n face any charge, discipline,	or		
4.	4. Have you ever been questioned or investigated by any state board of medicine or any regulatory board regarding any wrong doing on your part or complaint filed against you including ethics complaints?						
	merading etimes complaints	•	yes	no			
5. Have you ever been questioned or investigated for an alleged DEA violation?							
			yes	no			
6.	6. Have you ever been excluded from providing services in any federal health care program or investigated with regard to services to such programs?						
			yes	no			
7.	Have you ever been found n	ot to be in compl	iance of institution	onal policies of a previous			
	employer?		yes	no			
8.	Have you ever been question	ned, investigated,	or prosecuted for	or any Medicare or Medicaid			
fr	fraud allegations?		yes	no			
9. Have you ever been debarred from receiving federal funding in research or investigated with							
regard to research activities?			yes	no			

10. Have you ever been involved in administrative, professional or judicial proceedings in malpractice on your part is or was alleged in any jurisdiction?						
		∐ yes	no			
If you answered your information.	es to any of these question	ons, please list deta	ils, dates, and additional			
	or misrepresentations relay offer of employment or	•	tion requested above may result femployment.			
Date:	Electronic Signatur	re of Applicant				