

ADJUNCT CLINICAL FACULTY REAPPOINTMENT FORM

Current Year:

WVU School of Medicine

Name: _____

Department: _____

Current Rank: _____

Date of initial appointment: _____ Date of last promotion: _____

Mailing address: _____

Phone #: _____ Email: _____

IMPORTANT: Do you wish to continue your adjunct clinical faculty appointment?

If you answer no, please give your reason. (Example: retiring, relocating, not enough time, etc.)

Select: _____ **Reason:** _____

1. In what ways did you participate in WVU School of Medicine activities in the past year? _____

2. How have you contributed to WVU educational programs at your WVU affiliated institution or at the medical school campus in Morgantown, Charleston, or Eastern Panhandle and approximately how many of each of the following types of WVU students have you interacted with?
(Suggestions: formal lectures, grand rounds, seminars, conferences, attending physician/ precepting in the hospital, office or clinic / invited lectures, shadowing/mentoring for premedical students, etc.) Please use the back or attach another sheet if necessary.
 - a. Pre-medical students (any institution): _____
 - b. 1st year medical students: _____
 - c. 2nd year medical students: _____
 - d. 3rd year medical students: _____
 - e. 4th year medical students: _____
 - f. Professional Programs students: _____
 - g. Graduate student: _____
 - h. Resident staff: _____
 - i. Faculty: _____

3. How many WVU-sponsored outreach CME lectures have you given in the past year? _____

4. How many times have you participated in the visiting clinician program in the past year? _____

5. Please describe your participation in any WVU clinical trials (or research), with whom and in what department: (ex. active research collaborations with WVU, investigators, joint authorship on papers/abstracts, co-investigator on research or grant applications.) _____

6. Were you active in any WVU School of Medicine Committees in the past year? Yes No
If so, which?
7. In what other ways did you participate in WVU School of Medicine activities in the past year?
8. What other ways would you like to contribute to the mission of your department and the School of Medicine?
9. Please list any professionally related publications or presentations in the past year?
10. Please list activities related to local, regional and national professional organizations such as committee memberships, holding office, etc.
11. Do you have an active medical license in the state where you practice?
If you are not providing any clinical work or teaching students or residents, you don't have to have an active license. Please select NA if this question is not applicable.
12. License expiration date:
13. Are you currently board-certified in your specialty? Subspecialty if applicable:
14. What is your board certified specialty?
15. Have you recertified on schedule?
16. As an adjunct faculty of WVU School of Medicine, have you read the WVU antidiscrimination policy?
[Click here to view](#)

If requesting a promotion, please attach a brief letter stating your contributions to the SoM for the past 5 years (ex: became more active with teaching, passed boards, had additional training/education which will add to mentor role, etc.) and a current CV. Your request for promotion must be received by the department no later than September 1.

PLEASE attach a current CV and a copy of medical or professional license and return it with this form and the Notice of Appointment to your department at the WVU School of Medicine.