

Form A
WVU Health Sciences Center
Initial Application for Courtesy Faculty
Appointment
(To Be Completed by Appointee)

1. Legal Name: _____
Last First M.I.

2. Former Names: _____ 3. Social Security #: _____

4. Date of Birth: _____ 5. Are you a non-resident alien? Yes No

Mailing Address: _____
Street or Box # city/state zip code

6. Phone: _____

7. Email: _____

8. Department and School Requesting Courtesy Appointment: _____

9. Current Professional Employer: _____

10. Current Professional Title: _____

11. Education and Professional Training

| Advanced Degrees: | College or University | Field of Study | Degree | Date Received |
|-------------------|-----------------------|----------------|--------|---------------|
|-------------------|-----------------------|----------------|--------|---------------|

Graduate, Residency or Specialty Training:

| Institution | Specialty | Dates |
|-------------|-----------|-------|
|-------------|-----------|-------|

For clinical appointment requests:

12. Board Certification (specialty and certification date): _____

13. Medical Licensure _____
States in which you currently hold an *unrestricted* license (Please provide copies)

14. Do you have professional liability insurance coverage through WVU for patient care activities related to this clinical/adjunct faculty appointment? Yes No

15. Do you have private professional liability insurance coverage for patient care responsibilities performed as part of this clinical/adjunct faculty appointment? Yes No

ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED FOR CONSIDERATION FOR A COURTESY FACULTY POSITION. PLEASE CHECK THE RESPECTIVE BOX IF THE ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS.

- a. Has your license to practice your profession in any jurisdiction ever been revoked, suspended, reduced or not renewed?
- b. Has your staff membership at any hospital or institution ever been revoked, suspended, reduced or not renewed?
- c. Do you presently, or have you ever in the past, had a physical or mental health condition, including but not limited to alcohol or drug dependency that affects or is reasonably likely to affect your duty to perform professional or medical staff duties appropriately?
- d. Have you ever been allowed to resign your position rather than face any charge or investigation on the part of the medical staff?
- e. Have you ever been investigated by any state board of medicine or any medical regulatory board regarding any wrong doing on your part or complaint filed against you?
- f. Have you ever been investigated for alleged DEA violation?
- g. Have you ever been excluded from providing services in any federal health care program?
- h. Have you ever been found not to be in compliance of institutional policies of a previous employer?
- i. Have you ever been prosecuted for any Medicare or Medicaid fraud allegations?
- j. Have you ever been debarred from receiving federal funding in research?
- k. Have you ever been convicted, plead guilty to, nolo contendere to any felony in any jurisdiction?

If you answered yes to any of these questions, please furnish additional information on a separate sheet.

Signature _____ Date completed _____

*For all: Please submit this form and an updated CV (that includes membership in professional societies, honors, military service, teaching, publications and professional experience) to the Chair of the department in which you are requesting a courtesy appointment. For **clinicians**, you will also need to submit a copy of your unrestricted medical license and proof of liability insurance. For **non-resident aliens**, you will also need to complete the WVU Tax Services Foreign National Form and submit this form along with the tax packet.*