



Form A

WVU Health Sciences Center

Initial Application for Courtesy Faculty Appointment

(To Be Completed by Appointee)

Personal Information

Full Name: _____
First Middle Last

Former Names: _____ **Date of Birth (MM/DD/YYYY):** _____
(If applicable)

Gender: Male Female **Phone Number:** _____ **WVU ID:** _____
(If applicable)

Permanent Address: _____

(Include Street, City, State, and Zip)

Non-WVU Email Address (for IT credentialing): _____

Employment Information

Marital Status: Single Married Common Law Divorced Separated Widowed

Nationality: U.S. Citizen Resident Alien Non-Resident Alien

Select 1 or more races to indicate what you consider yourself to be:

- American Indian or Alaska Native
- Asian
- Black or African American
- White
- Native Hawaiian / Other Pacific Islander

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Veteran Status:

- Not a veteran
- Disabled Veteran
- Disabled Vietnam and other Protected Veterans
- Newly Separated Veteran
- Newly Separated and Disabled
- Newly Separated and Other Protected
- Newly Separated, Disabled, and Other Protected
- Other Protected Veteran
- Veteran (not for legislative reporting)
- Vietnam Veteran
- Vietnam Veteran, Newly Separated
- Vietnam Veteran, Newley Separated and Disabled
- Vietnam Veteran, Newly Separated and Other Protected

Current Military Status:

- Not applicable
- Military Reserves
- National Guard



- Vietnam Veteran, Newly Separated, Disabled, and Other Protected
- Vietnam and Other Protected Veteran

Emergency Contact Information

Full Name: _____
First Middle Last

Gender: Male Female **Home Phone:** _____ **Work Phone:** _____

Permanent Address: _____

(Include Street, City, State, and Zip)

Education

Highest Degree Attained: _____ **Date Attained:** _____

College/University Where Degree was Attained (Include Name, Location, and Field of Study)

Graduate, Residency, or Special Training (Include name of each institution, specialty, and dates)

Department Information

Department Requesting Courtesy Appointment: _____

Campus: Morgantown Eastern Charleston **Start Date (MM/DD/YYYY)** _____

Current Professional Employer: _____

Current Professional Title: _____

Board Certification

Certifying Board (American Board of Medical Specialties):

Specialty: _____ **Sub-Specialty:** _____
(If applicable)

Certification Date (MM/DD/YYYY): _____



If you do not have Board Certification or are in the process of obtaining Board Certification, please provide a detailed plan to obtain your Board Certification:

Medical Licensure

List ALL States in which you currently hold an unrestricted license (include license numbers):

If you do not have a WV licensure in your field or are in the process of obtaining a WV licensure, please provide a detailed explanation as to how and when you will obtain a WV licensure:

Miscellaneous

Relevant Previous WVU Experience (if applicable):

You will receive professional liability coverage through the West Virginia Board of Risk and Insurance Management (BRIM) for duties and activities within the scope of your appointment with WVU. Please list below and attach a copy of all additional liability/malpractice coverages.

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.



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 QUESTIONS.

Has your license to practice your profession in any jurisdiction ever been revoked, suspended, reduced or not renewed?

Yes

Has your staff membership at any hospital or institution ever been revoked, suspended, reduced or not renewed?

Yes

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?

Yes

Have you ever been allowed to resign your position rather than face any charge or investigation on the part of the medical staff?

Yes

Have you ever been investigated by any state board of medicine or any medical regulatory board regarding any wrongdoing on your part or complaint filed against you?

Yes

Have you ever been investigated for alleged DEA violation?

Yes

Have you ever been excluded from providing services in any federal health care program?

Yes

Have you ever been found not to be in compliance of institutional policies of a previous employer?

Yes

Have you ever been prosecuted for any Medicare or Medicaid fraud allegations?

Yes

Have you ever been debarred from receiving federal funding in research?

Yes

Have you ever been convicted, plead guilty to, nolo contendere to any felony in any jurisdiction?

Yes

If you answered yes to any of these questions, please furnish additional information as a PDF file upload.

Signature: _____

Date: _____