



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 (ex: IM, IM sub specialties, EM, etc)
[] Osteopathic Surgical Specialties [] Pediatrics
Other: _____ [] Physical Medicine & Rehabilitation [] Psychiatry
[] Radiology [] PA Medicine
Orthopedics Institute for Global Health Research, Education and Outreach

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: _____

NATIONAL PROVIDER IDENTIFIER (NPI): _____ RESIDENT: YES [] NO []

DATE OF BIRTH: _____ GENDER: MALE [] FEMALE []

AOA NUMBER: _____ AMA NUMBER: _____ NCCPA NUMBER: _____

CITIZENSHIP: [] US Citizen [] Permanent Resident [] Non-Resident Alien [] Foreign National Type of Visa _____

COUNTRY OF CITIZENSHIP: _____

ETHNICITY: PLEASE CHECK ALL THAT APPLY: [] Of Hispanic/Latino Origin [] Not of Hispanic/Latino Origin

[] American Indian/Alaskan Native [] Hawaiian/PI [] Asian [] Caucasian/White [] Black or African American [] Hispanic [] Other _____

PREVIOUS UNIVERSITY EXPERIENCE (Institution, position, years): _____

CURRENT EMPLOYER: _____

Table with 5 columns: EDUCATION, Degree Earned, Major Field of Study, Institution, Year. Contains three rows of blank lines for data entry.

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 _____

LICENSES: License Number _____ State _____ Date Issued _____
License Number _____ State _____ Date Issued _____

BOARDS: Certified? [] Yes [] No Specialty _____ Date Issued _____
Eligible? [] Yes [] No Specialty _____ Date Issued _____

PRIVILEGES: Hospital _____ City/State _____
Hospital _____ City/State _____
Hospital _____ 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 CREDENTIALS 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 _____
- Attachment A: Disclosure of Relevant Background Information Unpaid Faculty/Academic Staff Appointment
- Attachment B: Relationship Violence and Sexual Misconduct (RVSM) and Title IX Policy Information

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 at the Michigan State University College of Osteopathic Medicine. If you have questions regarding the status of your application, please contact us at com.clinical.faculty@msu.edu.

PLEASE RETURN TO:

Email: com.clinical.faculty@msu.edu
Fax: 517.432.6793

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

**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 the 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.

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:

Signature

Date

Relationship Violence and Sexual Misconduct (RVSM) and Title IX Policy and Mandatory Reporting for Relationship Violence, Sexual Misconduct and Stalking Policy

Michigan State University is committed to maintaining a learning and working environment for all students, faculty, and staff that is respectful and safe.

The University will respond to complaints, reports, or information about incidents of relationship violence and sexual misconduct to stop the prohibited conduct, eliminate any hostile environment, take steps to prevent the recurrence of the prohibited conduct, and address any effect on campus or in any University programs and activities regardless of location.

The [Relationship Violence and Sexual Misconduct \(RVSM\) and Title IX Policy](#) defines relationship violence and sexual misconduct, describe the process for reporting violations of the policy, outlines the process used to investigate and adjudicate alleged violations of policy, and identifies resources available to members of the University community.

The nature of your role is unique because you hold an MSU faculty or academic staff appointment, but are not an employee of MSU. However, because you have been awarded faculty or academic staff status at MSU, you do have some responsibilities relevant to this this policy. Critical pieces include:

- You are considered a **Responsible Employee**, or mandatory reporter, of MSU, even though your role is unpaid, as described in the [MSU Mandatory Reporting for Relationship Violence, Sexual Misconduct and Stalking policy](#).
- As a responsible employee, you must promptly report to the Office for Civil Rights information about incidents or conduct that may be prohibited by the RVSM and Title IX policy that:
 - o You observe or learn about in your working or professional capacity; and
 - Occurred at a University-sponsored event or on University property or involves a University community member with respect to conduct that may have occurred while they were a University community member (including residents who are employed by or hold an appointment with MSU).

Reporting

- Report to the Office for Civil Rights (OCR) anytime via the [Online Reporting Form](#).
 - o Reports can also be made in person or by phone during the hours listed on [OCR's website](#).
408 W. Circle Drive, Suite 5, Olds Hall
East Lansing, MI 48824
(517) 353-3922
- If you are unsure whether an incident needs to be reported, please reach out to OCR for assistance by phone at (517) 353-3922 or ocie@msu.edu.
- Supportive and interim measures may be implemented to ensure the safety of all parties, preserve access to educational or employment opportunities, and/or prevent recurrence of concerning RVSM conduct. Supportive measures (ex: academic support, employment assistance, Mutual No-Contact Directives, etc.) may be available for impacted individuals. Please contact the Office for Support and Intake at ocr.set@msu.edu.

Additional policy information, including FAQs, can be [found here](#).

I have received access via web links to the Relationship Violence and Sexual Misconduct (RVSM) and Title IX and Mandatory Reporting for Relationship Violence, Sexual Misconduct and Stalking policies and agree to abide by their terms.

Acknowledged:

Signature

Date