

APPLICATION FOR NON-PREFIX FACULTY APPOINTMENT

Faculty who are granted an appointment in the Clinical/Adjunct appointment system with a “non-prefix” rank must be deeply involved in the college as evidenced by meeting at least one of the eligibility criteria listed below. Appointment length varies but is generally for three years and is renewable as long as the eligibility requirements continue to be met. Approval by the department chair and the dean’s office is required.

ELIGIBILITY CRITERIA:

Indicate which of the following qualifies you for a non-prefix appointment:

- I have an official administrative position in the college (e.g., Clerkship Director, Course Director, etc.) Official administrative positions in the college are designated as such by the dean’s office.

My role: _____

- I am paid by a College of Human Medicine-affiliated or College of Human Medicine-sponsored residency as core faculty or administrator (e.g., Residency Director). “Core faculty” means a significant amount of your effort is devoted to teaching/precepting, and you are paid by the residency program or clinical entity specifically for your teaching role.

My role: _____

- I am engaged in a meaningful, collaborative research relationship with the College of Human Medicine as adjudicated by the college Senior Associate Dean for Research.

MSU department or faculty member I am working with: _____

COMMUNITY AFFILIATION:

- Flint Grand Rapids Lansing Midland Traverse City Upper Peninsula Southeast Michigan

DEPARTMENT: I am requesting appointment in the department(s) of:

- Emergency Medicine Pediatrics & Human Development Translational Science & Molecular Medicine
- Family Medicine Psychiatry Radiology
- Medicine Surgery *Uncertain – Please advise*
- Neurology & Ophthalmology
- Obstetrics, Gynecology & Reproductive Biology

NAME: FIRST _____ **MIDDLE** _____ **LAST** _____

DATE OF BIRTH: _____ **GENDER:** Male Female

CITIZENSHIP: U.S. Citizen Non Resident Alien Non-Citizen Nat’l of U.S. Permanent Resident

TYPE OF VISA: _____ **COUNTRY OF CITIZENSHIP:** _____

ETHNICITY/RACE: Of Hispanic or Latino Origin Not of Hispanic or Latino Origin

Please check at least one status as well as all that apply: American Indian or Alaskan Native Asian
 Black or African American Hawaiian/Pacific Islander White

PREFERRED MAILING ADDRESS: Home Office Other

(Street/City/State/Zip): _____

SECONDARY MAILING ADDRESS: Home Office Other

(Street/City/State/Zip): _____

HOME PHONE: _____ CELL PHONE: _____ BUSINESS PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT INFORMATION:

NAME: First _____ Last _____ Phone _____

Address _____ City _____ State _____ Zip _____

MEDICAL PRACTICE NAME: _____

ADDRESS: _____

GROUP AFFILIATION (e.g., SHMG, Advantage Health): _____

ADDRESS: _____

EDUCATION:

Degree 1:

Most Relevant Highest Degree _____

Major Field of Study _____

School (Institution) _____

Date Degree Received _____

Degree 2:

Most Relevant Highest Degree _____

Major Field of Study _____

School (Institution) _____

Date Degree Received _____

POSTGRADUATE TRAINING:

INTERNSHIP: Institution _____ Dates _____

RESIDENCY: Specialty _____ Institution _____ Dates _____

Specialty _____ Institution _____ Dates _____

FELLOWSHIP: Specialty _____ Institution _____ Dates _____

NATIONAL PROVIDER ID _____

MEDICAL LICENSE:

License Number _____ State _____ Date Issued _____

License Pending? _____ (indicate reason, e.g., new resident or out-of-state)

BOARD ELIGIBILITY/ CERTIFICATIONS:

Certified? Yes No Certified Specialty _____ Date Issued _____

Other Specialty _____

If not board-certified, are you board-eligible? Yes No Eligible Specialty _____

Are you privileged and credentialed at a medical facility? Yes No

Facility where you have been credentialed and have privileges

Hospital _____ City/State _____

Hospital _____ City/State _____

PREVIOUS ACADEMIC EXPERIENCE:

Institution _____ Position _____ Years _____

Institution _____ Position _____ Years _____

EXPECTATIONS:

Please check all of the following, acknowledging your agreement with the expectations of this appointment:

- I am able to demonstrate significant effort on MSU-related activities (generally considered to be at least 20%) across the three areas of teaching, scholarly productivity/research, and institutional service, as outlined in the CHM promotion criteria.
- I agree to make continuing meaningful contributions to the instructional mission of CHM.
- I have been made aware of the promotion criteria and the expectation that I will work toward academic promotion.

ANY RELATIVE EMPLOYED BY MSU? Yes No *(If yes, name, relationship, title, department)

DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS RELATED TO MSU

Do you, your spouse, domestic partner, dependent children and/or other dependents residing with you have any financial interest **related to your MSU responsibilities**? Yes No
If "Yes" please list the name of entities related to your MSU responsibilities in which you have a personal financial interest.

NOTE: You are not required to disclose travel that is reimbursed or sponsored by any of the following U.S. entities: government agencies; institutions of higher education; teaching hospitals or medical centers; or research institutes affiliated with a U.S. institution of higher education.

PERSONAL CERTIFICATION: I understand that it is my responsibility to notify the university within thirty days of acquiring any new significant financial interest related to my responsibilities above or if the details/relationships with disclosed entities change. I may notify the university by contacting the College of Human Medicine Office of Faculty Affairs for assistance.

PLEASE INCLUDE A CURRENT CURRICULUM VITAE WITH THIS APPLICATION

To the best of my knowledge, I certify that all information provided in this application is correct and by signing this application I agree to actively participate in academic service for CHM.

Signature: _____ **Date:** _____

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

Attachment B: Relationship Violence and Sexual Misconduct (RVSM)

Michigan State University is committed to maintaining a learning and working environment for all students, faculty, and staff that is fair, humane, and responsible – an environment that supports career and educational advancement on the basis of job and academic performance. Relationship violence and sexual misconduct subvert the mission of the University and offend the integrity of the University community. Relationship violence and sexual misconduct are not tolerated at Michigan State University.

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 purpose of the Relationship Violence and Sexual Misconduct (RVSM) Policy is to define relationship violence and sexual misconduct, describe the process for reporting violations of the policy, outline the process used to investigate and adjudicate alleged violations of policy, and identify resources available to members of the University community who are involved in an incident of relationship violence or sexual misconduct.

The RVSM policy as well as frequently asked questions may be found here:
https://www.hr.msu.edu/policies-procedures/university-wide/rvsm_policy.html

I have received the Relationship Violence and Sexual Misconduct (RVSM) training materials. I have read the policy and agree to abide by its terms.

Acknowledged:

Signature

Date