

RENEWAL APPLICATION FOR CLINICAL OR ADJUNCT PREFIX OR NON-PREFIX FACULTY APPOINTMENT

Your current clinical or adjunct prefix or non-prefix faculty appointment in the Michigan State University College of Human Medicine is due to expire on June 30, 2018. If you would like to renew your faculty appointment, please provide and update the following information to assist with our recordkeeping.

Please return this form to _____ prior to _____.

Please provide updated information below.

Name: First _____ Middle _____ Last _____

Preferred Mailing Address: Home Office Other

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **E-mail:** _____

Emergency Contact Name: _____ **Phone:** _____

MSU Title: _____

Department of: _____

Division: _____ **Specialty:** _____

Group Affiliation if applicable (e.g., SHMG, ECS): _____

INDICATE YOUR INVOLVEMENT IN MSU COLLEGE OF HUMAN MEDICINE PROGRAMS DURING YOUR PREVIOUS THREE YEAR APPOINTMENT (Select all that may apply):

- Taught/Preceptor for preclinical students (PBL, Clinical Skills, Ethics, guest lectures, etc.)
- Taught/Preceptor for clinical students in my office or the hospital
- Served on a College of Human Medicine committee (Admissions, Curriculum Development, etc.)
- Acted as a formal mentor for students
- Taught residents in a College of Human Medicine sponsored or affiliated residency program
- Engaged with students or residents on a research project
- Other activity in support of CHM programs: _____

If applicable, please list any publications or significant presentations from the past three years. For publications, please submit an abstract of the publication or provide title, author(s), journal, and date. For presentations, please include title, location, name of meeting/group, and date. Attach additional pages as necessary. Alternatively, if applicable, submit an updated CV with this information.

During the past three years, have you completed any additional residency or fellowship, or received a board certification that was not included on your previous application? If yes, please provide details.

Please identify areas you would like to be involved in over the next three years (i.e. Teach/Precept for preclinical students, engage with students or residents on a research project, serve on a College of Human Medicine committee, etc.).

Is there any other updated information you would like to share with us?

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 income from or 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 send an updated [COI Disclosure Form](#) within thirty days of acquiring any new significant financial interest related to my responsibilities above or if the details/relationships with disclosed entities change.

To the best of my knowledge, I certify that all information provided in this renewal application for re-appointment is correct.

Signature: _____ Date: _____