

**APPLICATION FOR CLINICAL or ADJUNCT FACULTY APPOINTMENT**

MSU's Clinical/Adjunct faculty appointment system is used for those individuals whose primary responsibility and source of income is outside MSU, but who agree to provide educational services in support of MSU's mission. Those appointed in this system are also referred to as "prefix" faculty. Appointment length varies but is generally for three years and is renewable. Promotion is based on meeting established minimum criteria approved by the College of Human Medicine Advisory Council as well as specific department criteria.

**Please type or print all information. All fields are required. Incomplete applications or missing information may delay appointment.**

**COMMUNITY AFFILIATION:** Grand Rapids

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

*Faculty must be appointed to a department. If you request an appointment in one of our new divisions, you will initially be appointed to Dean's Office and will be transferred to the requested department when the division attains department status.*

Departments

- Anesthesia
- Charles Stewart Mott Department of Public Health
- Emergency Medicine
- Family Medicine
- Medicine
- Neurology/Ophthalmology
- Obstetrics, Gynecology & Reproductive Biology  
Orthopedics
- Pediatrics & Human Development
- Psychiatry
- Radiology
- Surgery
- Translational Neuroscience
- Uncertain – Please advise*

Grand Rapids-based Divisions (Dean's Office)

- Clinical Neurosciences
- Psychiatry & Behavioral Medicine
- Radiology & Biomedical Imaging

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**Please complete as it appears on your Social Security Card or Passport:**

**NAME: FIRST** \_\_\_\_\_ **MIDDLE** \_\_\_\_\_ **LAST** \_\_\_\_\_

**MAIDEN NAME:** \_\_\_\_\_ **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):** \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SECONDARY 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 \_\_\_\_\_

APRN Degrees \_\_\_\_\_

APRN Degrees \_\_\_\_\_

**Degree 2:**

Most Relevant Highest Degree \_\_\_\_\_

Major Field of Study \_\_\_\_\_

School (Institution) \_\_\_\_\_

Date Degree Received \_\_\_\_\_

APRN Degrees \_\_\_\_\_

APRN Degrees \_\_\_\_\_

**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)

**AOA or AMA #** \_\_\_\_\_

**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/Institution: \_\_\_\_\_ City/State \_\_\_\_\_

Hospital/Institution: \_\_\_\_\_ City/State \_\_\_\_\_

**DOES YOUR CURRENT EMPLOYER HAVE A CRIMINAL BACKGROUND CHECK (CBC) ON FILE FOR YOU?**

Yes

No: If you have not had a CBC, MSU is required to facilitate one before your appointment can be finalized. The department or college will be contacting you to follow-up.

**PREVIOUS ACADEMIC EXPERIENCE:**

Institution \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

Institution \_\_\_\_\_ Position \_\_\_\_\_ Years \_\_\_\_\_

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

\_\_\_\_\_

**PREVIOUS MSU STUDENT?**  Yes  No

**PREVIOUS NET ID:** \_\_\_\_\_

**PLEASE INCLUDE A CURRENT CURRICULUM VITAE AND CERTIFICATES 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 MSU.*

**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 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](http://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:

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Signature

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Date

## Attachment B: Relationship Violence and Sexual Misconduct (RVSM) and Title IX Policy Information

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 based on 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) and Title IX 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 and support available to members of the University community who are involved in an incident of relationship violence or sexual misconduct.

**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” of MSU, even though your role is unpaid, as described in the MSU Relationship Violence and Sexual Misconduct and Title IX policy: <https://civilrights.msu.edu/policies/relationship-violence-and-sexual-misconduct-and-title-ix-policy.html>
- As a responsible employee you are obligated to report any suspected or actual incident of sexual harassment, sexual assault, relationship violence or stalking (as defined in the policy) that involves an MSU student or employee (including residents who are employed by or hold an appointment with MSU).
- All incidents should be reported directly to the Office for Institutional Equity by calling (517) 353-3922 or by using the Public Incident Reporting Form: <https://msu.publicincidentreporting.com>.
- Reports indicating a potential violation of the Relationship Violence and Sexual Misconduct and Title IX policy will also be forwarded to the MSU Police Department to fulfill mandatory reporting requirements.
- If you are unsure whether an incident needs to be reported, please reach out to the Office for Institutional Equity for assistance by phone at (517) 353-3922 or e-mail [ois@msu.edu](mailto:ois@msu.edu).
- MSU Campus Equity Navigator:
- 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 MSU Campus Equity Navigator, Jessica Packard, before taking any interim action and with requests for supportive measures. Jessica can be reached at [ocr.jessicapackard@msu.edu](mailto:ocr.jessicapackard@msu.edu).

The RVSM and Title IX Policy in its entirety as well as frequently asked questions may be found here: <https://civilrights.msu.edu/policies/index.html>

Additional requests for training or questions regarding the policy can be sent to the Prevention, Outreach and Education Department by emailing [empower@msu.edu](mailto:empower@msu.edu).

I have received the Relationship Violence and Sexual Misconduct (RVSM) and Title IX information and agree to abide by its terms.

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Attachment C: Participation in the academic mission of CHM

Faculty are expected to work with CHM medical students or in academic pursuits on behalf of the college for a minimum of 40 hours per year including time spent training medical students during regularly scheduled clinical time. CHM recognizes that we do not have sufficient numbers of medical students to allow all faculty the opportunity to work with medical students for 40 hours per year. As such, we will consider substantial teaching roles in sponsored/affiliated residencies/fellowships to satisfy the time requirement as long as faculty agree to teach CHM medical students when requested.

*While a conversation with a CHM representative is best for evaluating teaching participation, we have provided examples of how faculty can meet the 40-hour requirement working with students during regularly scheduled clinical time. To better understand these examples, please review these descriptions of three important components of the Shared Discovery Curriculum:*

- ECE is the Early Clinical Experience for first year medical students that lasts for 16 weeks (October through February). The placements are in primary care settings only. Students work primarily with the non-physician members of the health care team.
- MCE is the Middle Clinical Experience for second year medical students that lasts for 30 weeks (June through February). Students rotate through multiple healthcare settings including primary care, specialty and non-physician-based settings as well as inpatient and outpatient locations. Rotations last one, two or four weeks based on the experience.
- LCE is the Late Clinical Experience for third- and fourth-year medical students and runs year-round. Students complete required clerkships and elective rotations. Required clerkships are four weeks in length. Elective rotations are two or four weeks in length.

Examples of how faculty can meet the 40-hour requirement working with students during regularly scheduled clinical time:

1. 1 ECE student (24 hours per year) and 1 clerkship student per year (hours dependent on specialty)
2. 1 ECE student (24 hours per year) and 2 MCE students (each student is 12 hours/week for 1-week rotations per year)
3. 2 ECE students (each student is 24 hours per year)
4. 1 LCE student (hours dependent on specialty)
5. 4 MCE students (each student is 12 hours/week for 1-week rotations per year)

CHM is always looking for faculty to participate in the following activities. Please check all areas of interest.

- Facilitation of Advanced Skills and Knowledge Sessions (ASK) for LCE Student using pre-prepared curricula
- Participation in spring Ready for Residency simulation event for all graduating students (residents and fellows encouraged to participate in this event)
- Career Mentoring
- Interview preparation for students prior to residency interviews
- Admission interviews
- Research and scholarly activity
- Evaluation of students in simulations and oral exams
- Shadowing

When your application is submitted to the community campus, a CHM representative will contact you to discuss how best to meet this requirement.

Acknowledged:

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Signature

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Date

# Attachment D: DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS RELATED TO MSU

## DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS RELATED TO MSU

A conflict of interest exists when an individual's financial interests or other opportunities for tangible personal benefit may compromise, or reasonably appear to compromise, the independence of judgment with which the individual performs their university-related responsibilities.

The most current university information on the conflict of interest can be reviewed at <https://coi.msu.edu/>. The college of Human Medicine policy on conflict of interest can be reviewed at [https://humanmedicine.msu.edu/faculty-staff/faculty-affairs/file/CHM\\_COI\\_Policy\\_2-8-2021.pdf](https://humanmedicine.msu.edu/faculty-staff/faculty-affairs/file/CHM_COI_Policy_2-8-2021.pdf).

**Do you, your spouse, domestic partner, dependent children and/or other dependents residing with you have a Significant Financial Interest related to your MSU responsibilities?**

Significant Financial Interests include:

- Income or receipt of payments of any kind exceeding \$5,000;
- Ownership interests in a single outside entity of greater than 1% or of an amount exceeding \$5,000;
- Serving as a trustee for a trust or estate, or having a beneficial interest in a trust or estate whose value exceeds \$5,000;
- Indebtedness to or from a business or company in an amount exceeding \$5,000;
- Intellectual property rights with an established fair market value exceeding \$5,000 or which generate income of any value;
- Unvalued stock options or other options for ownership in a privately held company of any value;
- Service on a governing or advisory board, or in a fiduciary or managerial role, for, or as a general partner of, an entity with or without pay;
- Receipt of gifts or other benefits (e.g. travel or personal amenities) valued at \$250 or more not paid or reimbursed through MSU;
- Other opportunity for tangible, personal benefit; and
- Reimbursed or sponsored travel (PHS Investigators only)

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

**Please check either NO or YES:**

No, I have NO Significant Financial Interests to disclose.    Yes, I have Significant Financial Interests to disclose.

### PERSONAL CERTIFICATION:

- I understand that it is my responsibility, within 30 days of the effective date of my appointment, to complete the MSU Conflict Disclosure Process online, following the instructions at [How to Disclose | Conflict Disclosures and Management | Michigan State University \(msu.edu\)](https://coi.msu.edu/disclosure/how.html) (<https://coi.msu.edu/disclosure/how.html>). I understand that failure to complete this disclosure within 30 days will result in my appointment at MSU being withdrawn.
- I understand that it is my responsibility to update my disclosure within the online system within 30 days of acquiring any new significant financial interest related to my responsibilities at MSU or having the details/relationships with disclosed entities change.
- I certify that my answer to the question above is accurate to the best of my knowledge.

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Attachment E: FERPA

It is the policy of Michigan State University to comply with the Family Educational Rights and Privacy Act (FERPA). In your role in the teaching mission of the college, you are a "school official" and will have a "legitimate educational interest" in some students' "education records." You must consult [the University's FERPA guidance](#) to ensure that you:

1. Protect students' right to privacy of information in your/the University's possession concerning the student; and
2. Release or disclose only that information that is required by law and for the effective functioning of the campus community.

Key things to know:

- Only unrestricted directory information may be shared publicly, and students may choose to further restrict directory information beyond the university's general definition. In general, do not discuss a student with anyone who is not an MSU employee with a legitimate educational interest in the information you are sharing.
- Disclosing student information in a letter of reference/recommendation requires consent from the student, specifying the date of consent, records to be released, purpose of the disclosure and the parties to whom the disclosure must be made. A [form](#) for this purpose is available and should be retained with your copy of the letter.

All faculty are required to attest that they understand protections for students under FERPA and agree to adhere to its requirements. Community faculty have the opportunity to complete a FERPA training module through [Ability](#) if you are unclear about expectations. If you have any questions about accessing the training or the handling of student educational records, please contact your direct supervisor or your [community](#).

I understand my obligation to safeguard students' educational records as an MSU school official and agree to fulfill it. I will consult my supervisor or my community if I have questions.

Acknowledge

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Signature

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Date

## Attachment F: Student Mistreatment Policy

The Michigan State University College of Human Medicine is committed to maintaining a positive environment for study and training, in which individuals are judged solely on relevant factors such as ability and performance and can pursue their educational and professional activities in an atmosphere that is humane, respectful and safe. Medical student mistreatment is destructive of these principles and will not be tolerated in our community, whether by those with MSU faculty appointments or by others in the learning environment.

Medical student mistreatment is behavior that shows disrespect for medical students and unreasonably interferes with their learning process. See the [full policy](#) for additional explanation and examples, and for the relationship of this policy to others that govern professional behavior at MSU and in the college.

Key ideas for community-based prefix and non-prefix faculty include:

- Community-based faculty in supervisory or evaluative roles are **required to report complaints of mistreatment** to their clerkship director or their campus's [community assistant dean](#).
- All members of the college community are **encouraged to report incidents that may qualify as mistreatment** to an appropriate official, such as a direct supervisor or their [community assistant dean](#). Individual reports are confidential and may be anonymous. Detailed reports are most useful for effective action in individual instances. Aggregate, de-identified reports are used to assess and improve the educational setting.
- Retaliation against a person who reports, complains of, or provides information in a mistreatment investigation or proceeding is prohibited. Knowingly making false statements of mistreatment or knowingly providing false information in a mistreatment investigation or proceeding is also prohibited.

I understand my obligation to prevent and report medical student mistreatment and agree to fulfill it. I will consult my supervisor or my community if I have questions.

Acknowledge

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date