Clinical Faculty Application

For Precepting Osteopathic Medical Students

Application Checklist – Please include all the following items:

- ☐ **This Clinical Faculty Application and Credentials Verification Form**
- ☐ **An updated copy of your curriculum vitae**
- ☐ **A copy of your board certification, if applicable**
- ☐ **A face copy of your current malpractice insurance**
- ☐ **A copy of your current medical license**
- ☐ **AOA or AMA number (for CME)**

Name _____ Degree_____

Practice Name _____

Office Address _____

City, State _____ Zip_____

Office Phone_____ Office Fax _____

Cell Phone_____ E-mail (Required) _____

Medical License Number_____ Date of Birth_____

AOA or AMA Number_____

Are you interested in research? ____Yes ___No

Office Contact Information (point of contact for rotations):

Name _____ Title _____

Phone _____ Email _____

Clinical Faculty Applicants:

Practice Specialty_____ Inpatient___ Outpatient____

Primary Hospital Affiliation _____

Other Hospital Affiliations _____

Board Certified ___ Yes ___ No Board Eligible ___ Yes ___ No

Certifying Board(s) _____

Days per week in patient care____

Do you use Osteopathic Manipulative Treatment in your practice? ____ Yes ____ No

If yes, what percentage of your patient care involves OMT? _____

Are you involved in Residency Training? ___ Yes ___ No

If yes, name of program(s): _____

If you answer yes to any of the following questions, please provide a written explanation and attach to this application:

___ Yes ___ No Has your license ever been, or are you now in the process of being denied, revoked, terminated, suspended, restricted, limited, sanctioned, placed on probation, monitored, or not renewed for any reason?

___ Yes ___ No Have you ever been subject to review, challenges, disciplinary action, formal or informal, by an ethics committee, licensing board, medical disciplinary board, professional association, or education/training institution?

___ Yes ___ No Have you been found by a state professional disciplinary board to have committed unprofessional conduct as defined in applicable state provisions?

___ Yes ___ No Have you ever been the subject of any reports to a state, federal, national data bank, or state licensing or disciplinary entity?

___ Yes ___ No Have you ever been charged with, or have notice of anticipated charges of a criminal violation (felony or misdemeanor) resulting in either a plea bargain, conviction on the original or lesser charge, or payment of a fine, suspended sentence, community service or other obligation?

___ Yes ___No Do you have any pending malpractice incidents, or have you had any arbitrated, mediated, or litigated malpractice actions within the past 7 years?

I attest that all statements made on this form and on any attached documentation are complete, accurate, and current. I understand that any material misstatements in, or omissions from, this statement constitute cause for denial of application, or faculty suspension/dismissal from Pacific Northwest University of Health Sciences.

I have read and agree to abide by the PNWU Ethical Conduct Policy which includes adherence to the ethical code of my profession:
https://www.pnwu.edu/about/policy-library/ethical-conduct-policy/
https://osteopathic.org/about/leadership/aoa-governance-documents/code-of-ethics/
https://code-medical-ethics.ama-assn.org/principles

I understand and consent to a Federation of State Medical Board FSMB review being conducted by PNWU to process this application.

Serving as a PNWU-COM preceptor does not constitute an employment contract or offer of employment express or implied. PNWU may use preceptors' names for accreditation purposes.

I affirm that I am duly licensed to practice medicine and have current medical malpractice insurance. I will notify PNWU-COM immediately of any changes to my practice status.

I understand and agree to keep student and other PNWU related information confidential and disclose such information only to authorized PNWU personnel.

Physician Signature_____ Date _____

Please Return To:

Clinical Education Office

200 University Parkway

Yakima, WA 98901

Fax: (509) 249-7990

Email: rotations@pnwu.edu