



Pacific Northwest
University of Health Sciences

COLLEGE OF OSTEOPATHIC MEDICINE

Clinical Faculty Application for Precepting Osteopathic Medical Students

Note: In order to have an academic file started for you at Pacific Northwest University of Health Sciences, please complete this application and return with the items below. You will only be considered Clinical Faculty upon receipt of a letter and certificate from PNWU indicating your appointment.

- ☐ The attached 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, if you are a member

Clinical Faculty are expected to complete approximately three rotations each year. If you are unable to complete three in one year or would like to do more rotations please contact our office at rotations@pnwu.edu.

Please Return To:

Clinical Education Office
200 University Parkway
Yakima, WA 98901
Fax: (509) 249-7990
Email: rotations@pnwu.edu

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PACIFIC NORTHWEST UNIVERSITY OF HEALTH SCIENCES
COLLEGE OF OSTEOPATHIC MEDICINE
Clinical Faculty Application

Name ☐ D.O. ☐ M.D. ☐ Ph.D. Other

Hospital/Clinic Name, if applicable

Office Address City State Zip

Office Phone Office Fax Cell

E-mail (PNWU official communication tool, **required**)

Medical License Number Date of Birth

Are you interested in research opportunities? ☐ Yes ☐ No Please email OSA@pnwu.edu with research related questions/comments.

AOA Number AMA Number

Office Contact Name Phone Email

For Clinical Precepting Applicants, please complete the following:

Practice Specialty Practice Setting ☐ Inpatient ☐ Outpatient ☐ Both

Scope of Practice

Board Certified? ☐ Yes ☐ No Board Eligible? ☐ Yes ☐ No

Board Certification Specialty (list all)

Days per Week in Office Average Number of Patients per Day

Primary Patient Demographic ☐ Adult ☐ Pediatric ☐ Geriatric

Common Office Procedures

Do you use Osteopathic Manipulative Treatment in your practice? ☐ Yes ☐ No If Yes, what percentage?

Are you involved in residency training? ☐ Yes ☐ No If Yes, name and specialty of residency

Please submit current copies of your CV, malpractice face sheet, board certification, and medical license.

For Non-Clinical Faculty Applicants, what is your academic area of expertise?

What are your teaching preferences?

☐ Small Group Facilitation

☐ Supervising Research

☐ Hands-On Workshop

☐ Didactic Teaching

Other, please specify

Please submit current copies of your CV, and, as applicable, board certification, medical license, malpractice face sheet, licenses or credentials.

Clinical Faculty Application Agreement

This agreement with Pacific Northwest University of Health Sciences, College of Osteopathic Medicine (hereafter PNWU-COM) is to provide training opportunities for PNWU-COM students. With this affiliation, I seek appointment as Clinical Faculty. I understand that with the acceptance of the agreement, I will assist in providing training for PNWU-COM medical students. I agree to review the Clinical Faculty Handbook and training materials and follow the curriculum provided by the Clinical Education Department of PNWU-COM. I will also agree to review, monitor, and provide feedback for the revision of the curriculum as needed.

As a preceptor, upon the completion of each individual training period, I will, within 30 days, fully complete and return to PNWU-COM the student evaluation form. I also understand that an evaluation of me will be required from each student who does a rotation with me. I understand that this is one part of the continual faculty evaluation process at PNWU-COM and that I am encouraged to contact PNWU-COM regarding current, past, or future students, curriculum, or questions or comments regarding grading or training procedures.

With this agreement, 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 agree that either party will provide the other with at least 90 days notice, should either decide to voluntarily terminate this agreement. This agreement may be terminated, with cause, at any time by PNWU-COM. As a preceptor, I understand that PNWU-COM will provide me in advance with a list of the students I will be asked to precept and that I will be asked to approve the list prior to any changes in the approved schedule. I may at my discretion make needed changes in my availability for teaching by contacting PNWU-COM prior to the change. I will ensure that those who may assist in training of the student under my direction are in good standing and are appropriately credentialed. I may refuse any student/students at any time by notifying the Regional Assistant Dean. This agreement in no way obligates PNWU-COM to provide any specific number of students during any specific time period.

I hereby grant permission to Pacific Northwest University to use my photograph/video/image/or name in official university printed publications, web site, advertisements or other university media without further consideration, and I acknowledge the University's right to crop or treat the image at its discretion. I will make no monetary or other claim against Pacific Northwest University for the use of such media. I also acknowledge that the university may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I understand that e-magazines may be available from PNWU-COM with the option to opt-out.

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

Clinical Faculty Application Credentials Verification Form

Please answer the following questions. If your answer to any of the questions is "Yes", please provide details below, or on a separate sheet. If you attach additional sheets, sign and date each sheet.

		Yes	No
1.	Has your license ever been, or are you now in the process of being denied, revoked, terminated, suspended, restricted, reduced, limited, sanctioned, placed on probation, monitored, or not renewed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
2.	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?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you been found by a state professional disciplinary board to have committed unprofessional conduct as defined in applicable state provisions?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been the subject of any reports to a state, federal, national data bank, or state licensing or disciplinary entity?	<input type="checkbox"/>	<input type="checkbox"/>
5.	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?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Do you have any pending malpractice incidents or have you had any arbitrated, mediated or litigated malpractice actions within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes" to any of the questions above, you must provide a brief explanation here, OR attach a separate page with signature and date.

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.

Applicant Signature:

Date:

My typed signature is my symbol and intent of authentication where I willingly sign, understand, and adopt this document.

(OPTIONAL)

Self Identification Form

This University is an Equal Opportunity Employer and this requested information is voluntary and confidential. A decision not to provide this information will not result in any adverse treatment of your application. It is an unlawful employment practice for an employer to fail or refuse to hire, promote or discharge any individual, or otherwise to discriminate against an individual with respect to that individual's terms and conditions of employment, based on individual's race, sex, marital status, color, religion, national origin, sexual orientation, physical/mental disability or condition, or age (except for those less than 13) as defined by state and federal laws and regulations, except when bona fide occupational qualifications exists that restricts or excludes applicants based on that bona fide occupational qualification.

Gender: ☐ Male ☐ Female

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America) who maintains tribal affiliation or community attachment.

☐ **Two or More Races (Not Hispanic or Latino):** all persons who identify with more than one of the above five races.

☐ **I do not wish to complete this self-identification.**

Signature:

Date:

My typed signature is my symbol and intent of authentication where I willingly sign, understand, and adopt this document.