

Department of Family Medicine, University of Washington

CLINICAL FACULTY APPLICATION PACKET

Application Packet for _____

Clinical Faculty Appointment Checklist

Please provide the items below (forms enclosed):

Letter of recommendation (from Residency or Program Director)

*Please note that four letters of recommendation are required for appointment to UW paid clinical faculty status; if the candidate is outside the University of Washington, two of these letters must also come from outside the University. For all other ranks, only one letter of recommendation is required.

CV (see sample for formatting)

WWAMI Personal Data Form

UW Conviction/Criminal History Information

Washington State Patrol Request for Criminal History Information

*Please fill out section C only. No fee is required.

Please provide your business address below:

Clinic Name

Address

City, State, Zip

For questions or concerns, please contact Kathleen Baker at 206-543-3101 or at cfcoord@uw.edu

SAMPLE

DIRECTOR'S LETTER OF RECOMMENDATION TO APPOINT CLINICAL FACULTY

Appointment letters must include the following:

- The faculty member's teaching role (duties).
- The estimated number of hours he/she will be involved in the program annually.
- The name and dates of medical school and residency attended.
- Board certification (specialty) and year certified.
- How faculty member meets the criteria for appointment to the recommended rank.

Date

Paul James, MD
Professor and Chair
University of Washington
Department of Family Medicine
1959 NE Pacific Avenue, Box 356390
Seattle, WA 98195

Dear Dr. James:

I recommend that (Name) be appointed as (list rank – e.g., Clinical Instructor) in the Department of Family Medicine.

(Education Example):

(Name) graduated from the (name of institution) School of Medicine in (year) and did her/his residency at the (name of residency) Program in (city, state) from (year) to (year) She/He was board certified by the American Board of Family Practice in (year).

(Background Experience Example):

(Name) has served as a Family Medicine preceptor since (year) and continues to receive excellent evaluations from her/his students. (Go on to describe the duties the clinician will be performing and how those duties meet the criteria for appointment to the rank being requested. **Specifically indicate that the clinician meets the number of required hours** teaching Family Medicine students.

I hope that you will favorably consider (Name) for appointment to the Clinical Faculty.

Sincerely,

Program Director

The curriculum vitae should contain the following information:

1. Personal Data: Legal Name, Place of birth; citizenship, if applicable.
2. Education: University of undergraduate and graduate degrees (indicate places and dates).
3. Postgraduate Training: Internship, residencies, fellowships (places and dates).
4. Faculty Positions Held: (places and dates).
5. Hospital Positions Held: (places and dates). Do not duplicate #3 above.
6. Current Employment: [REDACTED]
7. Honors: Phi Beta Kappa, Sigma Xi, AOA, Prizes, RCDAs, Young Investigator Awards, Teaching Awards, etc.
8. Board Certification: General Medical and Specialty Boards (indicate date received).
9. Current License(s) to Practice: States and dates.
10. Professional Organizations: Include offices held.
11. Teaching Responsibilities: List specific courses, specific responsibility and percentage of responsibility if shared course. Indicate role in teaching committees. List recent CME. List trainees during last 5 years, if primary mentor.
12. Editorial Responsibilities: Include positions on editorial boards. Do not include occasional reviewing duties.
13. Special National Responsibilities: Study sections, Training Grant Committees, American Heart Association and other similar responsibilities.
14. Special Local Responsibilities: University and Hospital committees. Do not duplicate teaching committees listed in #10.
15. Research Funding: Sources, dates and dollars. Include Training Grants.
16. Bibliography (use the format described in (a) for (b) through (f)):
 - a) First section: Manuscripts in refereed journals with authors listed in the order they appear in the original publication. Include manuscripts in press (i.e. accepted for publication). Number these articles consecutively and include the first and last page numbers of each article.
 - b) Second section: Book chapters
 - c) Third section: Published books, videos, software, etc.
 - d) Fourth section: Other publications e.g. in non-referred journals and letters to the editor.
 - e) Fifth section: Manuscripts submitted, listed separately with date of submission. Do not list manuscripts in preparation or work in progress.
 - f) Final section: List Abstracts.
17. Other: National invitational lectures, etc.

WWAMI PERSONAL DATA FORM

APPLICANT INFORMATION

Legal Name:		
Date of birth:	SSN:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		
City:	State:	ZIP Code:
Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <i>(Please check one)</i>	Personal Email:	

CITIZENSHIP INFORMATION

Country of Citizenship:		
Immigrant Status (check one): <input type="checkbox"/> J1 – Exchange Visitor <input type="checkbox"/> H1 – Working Visa <input type="checkbox"/> IM – Immigrant Other (specify) _____	Date entered USA (attach photocopy of visa): _____/_____ month year	Date visa expires: _____/_____ month year

Employing official instructions for using the

CRIMINAL CONVICTION AND CIVIL FINDING HISTORY SELF-DISCLOSURE QUESTIONNAIRE

The offer of employment you make to the finalist candidate for a position that meets one or more of the security/safety sensitive criteria, including positions covered by the Washington State Child and Adult Abuse Law (CAAL), must be made contingent on obtaining a satisfactory criminal conviction background result for the candidate

(<https://www.washington.edu/admin/hr/roles/mgr/hire/backgroundchk/backgroundchk-criteria.html> for security/safety sensitive criteria).

After you make the contingent employment offer, you may use this form to ask the candidate to disclose potentially disqualifying criminal convictions. After your candidate completes this questionnaire, **contact your employment specialist.**

If your candidate discloses a history of criminal conviction(s), your employment specialist will assist you to determine whether the disclosed conviction(s) disqualify the candidate from employment. If the candidate does not disclose a potentially disqualifying conviction, your employment specialist will initiate the criminal conviction background check process.

CRIMINAL CONVICTION AND CIVIL FINDING HISTORY SELF-DISCLOSURE QUESTIONNAIRE

This questionnaire is **ONLY** used for those positions/appointments that are subject to a criminal conviction background check, and are not being filled through UWHIRES. PLEASE TYPE OR PRINT RESPONSES.

The University conducts a criminal conviction background check for positions that the University has identified as security/safety sensitive, including those covered by the Washington State Child and Adult Abuse Law (CAAL). Having a criminal conviction and/or civil finding record does not necessarily disqualify an individual for employment at the University. However individuals with certain types of convictions or civil findings may be ineligible for employment in some positions, as required by law. You are being asked to complete this form because you have been identified as a qualified candidate for a position as an employee or volunteer. The information you provide will be used as part of the criminal conviction background/civil finding review process. If you have questions about the use of conviction/criminal history information in the application process please discuss them either with the office using this form or University of Washington Campus HR Operations 206-543-2544.

Full Legal Name Last Name, First Name Middle Name	Phone – Include area code	Email
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Position or type of work for which you are applying	Date of Birth (mm/dd/yyyy)
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Do you have an adult and/or juvenile criminal conviction record?
 NO YES

If you answered **YES**, for each conviction, provide the following details:

The offense(s)	Name/location of the court(s)	Date(s) of the conviction(s)	The sentence(s) imposed

In a civil proceeding, have you ever been found responsible for domestic violence, abuse, sexual abuse, neglect, and/or exploitation of a child or a vulnerable adult? (Civil proceedings include noncriminal judicial or administrative hearings and determinations that have been made by agencies such as the Department of Social and Health Services or the Department of Health). If you answer YES, you will be asked to provide details in the next question.
 NO YES

If you answered **YES**, for each finding, provide the following details:

Nature of finding(s)	Agency/court making the finding(s)	Date(s) finding(s) made	Penalties/restrictions imposed

Have you ever been convicted of any crime related to the delivery of service under Medicare/Medicaid or any state or federal healthcare program, or convicted of any crime connected with the delivery of a healthcare item or service?
 NO YES

Have you ever been judged liable for civil monetary penalties for conduct related to the delivery of services, supplies or other participation in Medicare/Medicaid or any other state or federal healthcare program?
 NO YES

Have you ever been excluded from providing services or supplies under Medicare, Medicaid or any other federally-funded healthcare program?
 NO YES

Have you even been subject to FDA debarment?
 NO YES

If you answered **YES** to any of the above four questions, for each conviction, finding, or debarment, provide the following details:

Nature of finding(s)/conviction(s)/debarment	Agency/court taking action	Date(s) finding(s) made	Penalties/restrictions imposed

I certify that the information contained in my resume and all other application-related materials I provide is true, correct, and complete. I understand that my eligibility for employment or appointment as a volunteer is conditioned on, among other things, the University's receipt of a satisfactory criminal conviction report and my providing proof of eligibility to work in the United States. I further understand that I can be denied employment or discharged for any misrepresentation or omission in the information I provide. I also authorize the University of Washington to make inquiries regarding my education, work experience, references (unless otherwise stated), and criminal conviction/civil finding history.

Signature _____ Date _____

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

(Instructions follow)

A REQUESTING AGENCY/ADDRESS

University of Washington School of Medicine

Agency

Office of Medical Staff Appointments

1325 4th Ave., Suite 2000

Address

Seattle, WA 98101

City State Zip

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Manager, Office of Medical Staff Appointments

Title

B PURPOSE

- ESD/School District Volunteer - no fee
- Non-Profit Busn./Org. - no fee (Excluding Schools & ESD's)
- Profit Business/Org. - \$10
- Adoptive Parent - \$10

Fees:

Make payable to **Washington State Patrol** by cashier's check, money order, or commercial business account.

**NO PERSONAL/CERTIFIED CHECKS
ACCEPTED**

C APPLICANT OF INQUIRY

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____/_____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)

As of this date, the applicant names below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

3000-240-430 (3/93)

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)