

## APPLICATION FOR NON-PREFIX FACULTY APPOINTMENT

Faculty who are granted an appointment in the Clinical/Adjunct appointment system with a “non-prefix” rank must be deeply involved in the college as evidenced by meeting at least one of the eligibility criteria listed below. Non-prefix faculty must be able to demonstrate and attest to at least 20% effort on behalf of MSU in the areas of teaching, scholarly productivity/research, and institutional services. Appointment length varies but is generally for three years and is renewable as long as the eligibility requirements continue to be met. Approval by the department chair and the dean’s office is required.

*Eligibility criteria for non-prefix appointment (must meet one of the following):*

- *Official administrative position in the college (e.g., Clerkship Director, Course Director, etc.). Official administrative positions in the college are designated as such **by the dean’s office**.*
- *Paid by a College of Human Medicine-affiliated or College of Human Medicine-sponsored residency as core faculty or administrator for the program, such as Residency Director. “Core faculty” means a significant amount of your effort is devoted to teaching/precepting in an MSU-sponsored or affiliated program and **you are paid by the residency program or clinical entity specifically for that teaching role**.*
- *Engagement in a meaningful, collaborative research relationship with one or more regular MSU faculty (adjudicated by the CHM Senior Associate Dean for Research).*

If you are eligible based on the eligibility criteria above, please answer the following questions:

1. Attest that you will contribute at least 20% of your overall effort towards CHM mission areas as MSU Non-Prefix faculty member? Yes ☐ No ☐
2. An official administrative position (Clerkship Asst, Assoc, or Director, Course Asst, Assoc, or Director) has been assigned to you by the CHM Dean’s Office? Yes ☐ No ☐
  - a. If yes:
    - i. Provide documentation of position award, assignment of duties and effort requirements.
    - ii. The role is: \_\_\_\_\_
    - iii. Assigned by: \_\_\_\_\_
    - iv. Oversight of position will be provided by: \_\_\_\_\_
3. An official Residency position (Residency Asst, Assoc, or Director) has been assigned to you by a College of Human Medicine-affiliated or College of Human Medicine-sponsored residency. Yes ☐ No ☐
  - a. If yes:
    - i. Provide documentation of position award, assignment of duties and effort requirements.
    - ii. This specific role will be paid for by the residency program. Yes ☐ No ☐
    - iii. The Residency Program is: \_\_\_\_\_
    - iv. The Residency Location is: \_\_\_\_\_
    - v. The role is: \_\_\_\_\_
    - vi. Assigned by: \_\_\_\_\_
    - vii. Oversight of position will be provided by: \_\_\_\_\_
4. Engagement in a meaningful, collaborative research relationship with one or more regular MSU faculty, that has been adjudicated by the CHM Senior Associate Dean for Research. Yes ☐ No ☐
  - a. If yes:
    - i. Provide documentation of adjudication by the CHM Senior Associate Dean for Research.

ii. The collaborative research project is:

\_\_\_\_\_

iii. The collaborative research will be performed with:

\_\_\_\_\_

**COMMUNITY AFFILIATION:**

☐ Flint ☐ Grand Rapids ☐ Lansing ☐ Midland ☐ Traverse City ☐ Upper Peninsula ☐ Southeast Michigan

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Anesthesia                                  | <input type="checkbox"/> Neurology & Ophthalmology                     | <input type="checkbox"/> Psychiatry                       |
| <input type="checkbox"/> Charles Stewart Mott Dept. of Public Health | <input type="checkbox"/> Obstetrics, Gynecology & Reproductive Biology | <input type="checkbox"/> Surgery                          |
| <input type="checkbox"/> Emergency Medicine                          | <input type="checkbox"/> Orthopedics                                   | <input type="checkbox"/> Translational Neuroscience       |
| <input type="checkbox"/> Family Medicine                             | <input type="checkbox"/> Pediatrics & Human Development                | <input type="checkbox"/> Radiology                        |
| <input type="checkbox"/> Medicine                                    |  | <input type="checkbox"/> <i>Uncertain – Please advise</i> |

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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 \_\_\_\_\_

**Degree 2:**

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

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

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

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

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

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

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 the 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 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 [oi@msu.edu](mailto:oi@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).

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: 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;
- Reimbursed or sponsored travel (PHS Investigators only)

**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>). 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:**

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Signature

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Date



## Attachment D: 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 E: 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

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Signature

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Date

## ATTACHMENT F: ATTESTATION OF NON-PROVIDER INVOLVEMENT IN STUDENT ASSESSMENT

Medical students from the Michigan State University College of Human Medicine work in varied clinical settings and with multiple preceptors. Medical students must not be evaluated by individuals from whom they have received health care services of any kind. Preceptor evaluation forms include the directive for individuals who have provided health care services to a student to not complete any evaluations of that student.

1. Students will not be assigned for clinical rotations at practices which serve as the primary sites for student health care services in each of our campuses.
2. Prior to the start of an activity, a preceptor/faculty member who recognizes that they have been assigned a student to whom they have provided health care services must identify to the course director that they require reassignment due to a conflict of interest. The preceptor or faculty member must maintain the student's patient confidentiality by not disclosing the nature of the conflict of interest, but only that one exists.
3. A preceptor/faculty member who discovers after working with a student that they have provided care to that student, or who under emergency circumstances provides care to the student after having begun working with them, must contact the course director promptly to arrange for another evaluator for the student. Maintaining the student's patient confidentiality is critical, and the preceptor/faculty must only disclose that a conflict of interest prevents them evaluating the student.
4. Prior to the start of an activity, students who realize they have been assigned to an individual who has provided health care to them must contact the appropriate faculty administrator for reassignment. Early or Middle Clinical Experience students must contact the Asst. Dean for Clinical Experiences. Late Clinical Experience students must contact their Community Asst. Dean promptly for reassignment.
5. If a student recognizes the conflict after reporting to their clinical experience, they must report the conflict to the Asst. Dean at their first opportunity. In addition, medical students may not participate in the health care of other CHM medical students. If a student is on a service or at a clinical site and learns that the team is providing health care to a fellow medical student, the student must recuse themselves from all care activities involving the other student. This requirement to recuse applies even if the other student grants permission for their involvement.

The College of Human Medicine policy on provider non-involvement can be found here:

[https://www.justintimemedicine.com/curriculum/faculty-professionalism#policy\\_student\\_conflict\\_interest](https://www.justintimemedicine.com/curriculum/faculty-professionalism#policy_student_conflict_interest)

☐ Please check the box to indicate you have read, understand and agree to abide by the college's policy.

I certify that my answer to the question above is accurate to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date