



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE

Department of Gynecology and Obstetrics

Ira R. Horowitz, MD, SM

Willaford Ransom Leach Professor and Interim Chairman

Dear Interested Volunteer:

Thank you for your interest in becoming a member of the Department of Gynecology and Obstetrics Adjunct Faculty (clinical volunteer faculty). The core of our mission is to continually develop and sustain our clinical, research and education programs. We are excited to hear more about you and your interest in working with our department in advancing our academic mission.

Please review the Criteria for Adjunct Faculty Appointment & Promotion and then submit the following information:

- A letter of interest which includes how you plan to assist us in promoting our mission
- A completed Application for Adjunct Faculty Appointment
- A copy of your Georgia Medical License
- A recent curriculum vitae
- A completed and signed *Consent to Personal Records/History Release*, included in this packet
- A letter of recommendation from a current full-time Emory University School of Medicine, Department of Gynecology & Obstetrics faculty member

Upon receipt of this information, we will review your information and route your packet for approval. You will hear from our office after this time.

We also ask that you become familiar with our department by visiting our website at <http://gynob.emory.edu>.

Should you have any questions about our application process, please feel free to call my office at 404-727-8600.

Again, thank you for your interest and commitment to excellence in education and clinical practice.

Sincerely,

Ira R. Horowitz, MD, SM
Willaford Ransom Leach Professor and
Interim Chairman

**Emory University School of Medicine
Department of Gynecology and Obstetrics
Adjunct Faculty Appointment Application**

Letter of support for Appointment

Additional Requirements

- Emory requires volunteer faculty to disclose, in advance, when they will appear as an expert witness against Emory or any of our faculty, staff, administrators, or trainees. Expert witnessing against Emory is a conflict of interest with the volunteer faculty status, and doing so, could result in loss of the volunteer faculty appointment.

ADJUNCT INSTRUCTOR CRITERIA

- Board eligibility in obstetrics and gynecology and
- Excellence in patient care, and
- Regular participation in Departmental educational programs, as demonstrated by participation in one of the following four activities:
 1. Clinic supervision of residents at Grady Memorial Hospital or Emory University Hospital Midtown, at a minimum of one session (operative, labor and delivery, and/or outpatient visit) per month, or
 2. Participation in medical student program, or
 3. Participation in Grand Rounds as a lecturer at a minimum of twice per year, or
 4. Participation in organized departmental resident or student educational activities at least twice annually
- Regular participation in a Departmental committee, as invited to do so.

ADJUNCT ASSISTANT PROFESSOR CRITERIA

- Adjunct Instructor Criteria and
 - Board certified in obstetrics and gynecology
- For promotion to the rank of Adjunct Assistant Professor from the rank of Adjunct Instructor, the minimum time at the lower rank is one year.

ADJUNCT ASSOCIATE PROFESSOR

- Adjunct Assistant Professor Criteria and
 - Sustained commitment to the Department teaching programs for medical students, residents, or fellows (>40 hours per year)
 - Sustained scholar activity, such as, but not limited to:
 - Participation in Departmental research trials
 - Peer reviewed publications
 - Authoritative book contributions
 - Sponsored CME activities
 - Leadership at a local, state, national and/or international level
 - For promotion to the rank of Adjunct Associate Professor from the rank of Adjunct Assistant Professor, the minimum time at the lower rank is three years

ADJUNCT PROFESSOR

- Adjunct Associate Professor but with sustained teaching AND scholarly activities AND participation in Departmental committee(s), as invited to do so
- The candidate for Adjunct Professor should have regional or national recognition.
- For promotion to the rank of Adjunct Professor from the rank of Adjunct Associate Professor, the minimum time at the lower rank is four years

**Emory University School of Medicine
Department of Gynecology and Obstetrics
Adjunct Faculty Appointment Application**

For Department Use Only
1. Sent to Applicant: _____
2. Returned from Applicant: _____
3. Routed to Committee: _____
4. Sent to Dean: _____
5. Returned from Dean: _____
6. Notice to Applicant: _____

I hereby apply for an adjunct faculty appointment in the Department of Gynecology and Obstetrics at Emory University School of Medicine for a two (2) year period.

NAME: _____

TEACHING ROLE(S) I AM WILLING TO FULFILL			
	Grady OB Clinic		Grand Rounds Lectures
	Grady GYN Clinic		Shadowing from your own practice
	Grady Labor and Delivery Call		Resident or Medical Student Lectures
	Medical Student Preceptorship		

NUMBER OF YEARLY ANTICIPATED HOURS I PLAN TO COMMIT			
	< 25/hours/ year		25-49 hours/year
			50 hour/year (1 clinic day per month)

I have read the criteria for adjunct faculty appointment and wish to apply for the following position: <i>(final determination will be made by the Department Chair and the Dean of the School of Medicine)</i>	
<input type="checkbox"/> Adjunct Instructor	<ul style="list-style-type: none"> • Board eligibility in obstetrics and gynecology and • Excellence in patient care, and • Regular participation in Departmental educational programs • Regular participation in a Departmental committee, as invited to do so
<input type="checkbox"/> Adjunct Assistant Professor	<ul style="list-style-type: none"> • Same as for a Adjunct Instructor • Board certified in obstetrics and gynecology • For promotion to the rank of Adjunct Assistant Professor from the rank of Adjunct Instructor, the minimum time at the lower rank is one year.
<input type="checkbox"/> Adjunct Associate Professor	<ul style="list-style-type: none"> • As for Adjunct Assistant Professor, plus • Sustained commitment to the Department teaching programs for students, residents, or fellows (>40 hours per year) • Sustained scholar activity • For promotion to the rank of Adjunct Associate Professor from the rank of Adjunct Assistant Professor, the minimum time at the lower rank is 3 years
<input type="checkbox"/> Adjunct Professor	<ul style="list-style-type: none"> • As per Adjunct Associate Professor but with sustained teaching AND scholarly activities AND participation in Departmental committee(s), as invited to do so. • The candidate for Adjunct Professor should have regional or national recognition. • For promotion to the rank of Adjunct Professor from the rank of Adjunct Associate Professor, the minimum time at the lower rank is 4 years.

**Emory University School of Medicine
Department of Gynecology and Obstetrics
Adjunct Faculty Appointment Application**

I. BIOGRAPHICAL INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

PRACTICE NAME: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

RACE: _____ GENDER: _____ MARITAL STATUS: _____

DATE OF BIRTH: _____ CITIZENSHIP: _____ PLACE OF BIRTH: _____

NAME AND ADDRESS OF EMERGENCY CONTACT: _____

II. EDUCATIONAL INFORMATION

MEDICAL SCHOOL: _____ DATE OF GRADUATION: _____

POST GRADUATE TRAINING: _____

RESIDENCY: _____ DATE OF COMPLETION: _____

FELLOWSHIP: _____ DATE OF COMPLETION: _____

III. CREDENTIALS

STATE OF GEORGIA MEDICAL LICENSE NUMBER: _____

EXPIRATION DATE: _____

ARE YOU BOARD CERTIFIED: _____ (YES) _____ (NO)

IF YES, EXPIRATION DATE: _____

IF NOT, ARE YOU BOARD ELIGIBLE? _____ (YES) _____ (NO)

**Emory University School of Medicine
Department of Gynecology and Obstetrics
Adjunct Faculty Appointment Application**

IV. PHYSICIAN LIABILITY AND ADVERSE ACTION HISTORY

Professional Liability Insurance History	No	Yes
▪ Has your liability insurance coverage been terminated or not renewed by action of the insurer?		
▪ Have you ever been denied liability insurance coverage?		
Adverse Actions	No	Yes
▪ Have you been the subject of an investigation or adverse action by: a hospital or healthcare facility; education program; professional or research organization or society; professional licensing body; or private, federal, or state agency or institution, regarding participation in a third party payment program (Medicare, Medicaid, HMO, PPO, PHO, PSHCC, MCO, network, or system)?		
▪ Have you been the subject of an investigation or adverse action by a state or federal agency (e.g. DEA) regarding your prescription of controlled substances?		
▪ Have you been the subject of any report(s) to a state or federal data bank or state licensing or disciplining entity?		
▪ Has your application for clinical privileges or medical staff privileges or change in staff category at any hospital or healthcare facility been denied in whole or in part?		
▪ Is any such action pending?		
▪ Have you been convicted of or entered a guilty plea for any criminal offenses? Exclude traffic violations, except driving under the influence of drugs or alcohol.		
▪ Are criminal charges currently pending against you?		
▪ Are you currently using illegal drugs or legal drugs in an illegal manner?		

V. LETTER OF RECOMMENDATION

PLEASE ATTACH A LETTER OF RECOMMENDATION FROM A CURRENT FULL-TIME EMORY UNIVERSITY SCHOOL OF MEDICINE, DEPARTMENT OF GYNECOLOGY AND OBSTETRICS FACULTY MEMBER.

VI. CURRICULUM VITAE

PLEASE ATTACH A CURRENT CURRICULUM VITAE

VII. GEORGIA LICENSE

PLEASE ATTACHED A COPY OF YOUR GEORGIA LICENSE

I understand and agree that my signature on this application certifies that my responses herein and any related information I provide are truthful, accurate, and complete. I further understand and agree that any false or incomplete response may disqualify me from consideration for volunteer appointment with Emory or may subject me to adverse action, up to and including termination of the adjunct faculty appointment when any such inaccuracy or incompleteness is discovered following appointment.

Applicant Printed Name: _____ Date: ___/___/___

Applicant Signature: _____

**Emory University School of Medicine
Department of Gynecology and Obstetrics
Adjunct Faculty Appointment Application**

ATTENTION EUPD — Return results to: Name _____ Location: EU EUH CLH Phone _____
Date sent to EUPD _____ Department _____

**EMORY
CONSENT TO PERSONAL RECORDS/HISTORY RELEASE**

I hereby authorize Emory University Police Department or other designated agency to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I further authorize the hiring agent(s) of Emory to receive this information for the purpose of employment consideration.

Full Name _____
Last First Middle Alias/Other
Address _____ Apt. _____
City _____ State _____ Zip _____

If you have not been a Georgia resident during the last 6 months, please provide former address below:

Former Address _____ How long? _____
City _____ State _____ Zip _____

Date of Birth _____ Social Security Number _____

Place of Birth _____
City County State/Province Country

Driver's License Number _____ State of Issue _____

Sex: Male Female Race: Black Asian Native American
 White Hispanic Other (specify)

Physical Description: Height _____ Weight _____ Eye Color _____

INSTRUCTIONS -- Please Read

Read the following carefully and answer truthfully. If you have been convicted of a crime, you may not be automatically disqualified from consideration for employment. **GIVING FALSE OR INCOMPLETE INFORMATION IS SUFFICIENT CAUSE TO DISQUALIFY YOU FROM EMPLOYMENT.** If you are not sure of the court disposition of a case, list all other information requested.

Have you EVER been convicted of a crime, paid a fine, forfeited a bond, been sentenced (by a judge) to perform community service, pled nolo contendere (no contest), pled guilty, been given a suspended sentence, or been sentenced to jail or prison time? (Include DUIs, but DO NOT include minor traffic offenses, juvenile cases, cases sealed or expunged by a court, or cases completed under the First Offender Act.)

DO NOT ASSUME CHARGES OR CONVICTIONS HAVE BEEN REMOVED.

If the answer is YES to any of the above, list all information requested below. (Please use additional sheets if necessary.)
If none of the above apply to you, simply write "NONE."

<u>Charge/Offense</u>	<u>Date</u>	<u>Arresting Agency/Location</u>	<u>Court Disposition</u>

Having read all of this form, I give Emory my consent to conduct the investigation into my background described above and release all persons from any and all liability with respect to said investigation.

Signature _____ Date _____

Notary Public _____ My commission expires _____

IF NOTARY IS NOT AVAILABLE, WE WILL ACCEPT A LEGIBLE COPY OF YOUR DRIVER'S LICENSE, PASSPORT, OR GOVERNMENT ISSUED I.D. THE FOLLOWING "I.D." CARDS ARE NOT ACCEPTABLE: SCHOOL I.D., EMPLOYER I.D., AND PRIVATE ISSUED I.D.

DO NOT WRITE IN THIS SPACE — For HR Use Only

- No record on file
 Record matches applicant information

DISCREPANCY (Forwarded to Detectives):
