



## Office of Academic Appointments

Jack and Pearl Resnick Campus  
1300 Morris Park Avenue, Belfer Room 902  
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Phone: 718.430.2844  
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### FACULTY APPOINTMENT APPLICATION

#### Personal Data

First Name:	Middle:	Last Name:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Country of Citizenship:		Country of Birth:
Street:			Apartment #:
City:	State:	Zip Code:	
Email:	Telephone Number:		

#### Medical School Appointment

Do you currently hold a full-time faculty appointment at another medical school that you plan to maintain while faculty at Einstein? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please indicate medical school:	
Rank:	Date of Appointment:

#### American Board Certification Information

Primary Board Certification:	
Certification Year:	Re-Certification Year:
Subspecialty Board Certification:	
Certification Year:	Re-Certification Year:
Secondary Board Certification:	
Certification Year:	Re-Certification Year:

#### Education (List by highest degree first)

Degree:	Date Awarded:		
Medical School:			
Address:	State:	Zip:	Country:
Degree:	Date Awarded:		
Graduate School:			
Address:	State:	Zip:	Country:
Degree:	Date Awarded:		
Undergraduate/Other School:			
Address:	State:	Zip:	Country:

#### Health Status

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to perform the essential functions of the appointment as described to you, with or without accommodation?
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### Malpractice Activity

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any malpractice actions pending against you in this state or any other state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have any judgements in a malpractice action been entered against you in this state or any other state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you entered into a settlement of any malpractice action brought against you in this state or any other state?
If you answered yes to any of the Malpractice Activity questions, please provide a full explanation:	

### Professional Sanctions/Disciplinary Actions

Have you ever been found to have committed (or are charges now pending that could lead to a finding that you committed) any of the following:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional Misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No Scientific Misconduct?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Conflict of Interest?	
Have you ever been found to have committed (or are charges currently pending against you that could lead to finding that you committed) a discriminatory act or violation of disciplinary rules that in any way related to your past or current professional activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever resigned from any academic institution or health care facility in order to avoid the impositions of disciplinary measures or curtailment of privileges in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime other than a motor vehicle violation, juvenile offense or matter sealed by court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If you are a PHYSICIAN, DENTIST, PSYCHOLOGIST, or other LICENSED HEALTH PROFESSIONAL, please answer the following:</b>		
Has there ever been imposed on you, or are you currently subject to, proceedings that could lead to a denial, revocation, suspension, reduction, limitation, probation, non-renewal, or involuntary relinquishment or diminution of any of the following:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical or other professional license/registration in any state?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	DEA/Controlled substance registration?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Membership on any hospital or health care facility medical staff?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Clinical privileges at any medical facility?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Professional society membership, fellowship, or board certification?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Internship, residency, other institutional affiliation or status?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Participation in any reimbursement program?	
<b>If you have answered YES to any of the preceding questions, please attach specifics on a separate piece of paper.</b>		

Failure to provide full and truthful answers is a continuing basis to invalidate this or any subsequent faculty appointment at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Under no circumstances should an individual use their proposed title until such title is approved in writing.***

Please send completed and signed application form along with the documents listed below to the academic chair's office:

1. A copy of your **current** curriculum vitae and bibliography.
2. A copy of your current New York State Medical License Registration (if applicable).
3. A copy of your American Board Certification Certificate(s) (if applicable).
4. A copy of your Doctoral Degree(s).
5. A completed and signed Authorization to Release Information Form.
6. A copy of the email confirmation you receive after submitting your COI disclosure is required to be submitted with this application for your faculty appointment to be finalized. Please contact the COI Office at [COI@einsteinmed.edu](mailto:COI@einsteinmed.edu) to establish your account to access the COI disclosure system. For those on the Einstein or Montefiore payroll, you will need your AD credentials before you can submit your COI disclosure. After submitting your COI disclosure, you will receive an email confirmation, which may be used for your faculty appointment application. For general COI information please use the following link: <https://www.einsteinmed.edu/administration/conflict-of-interest/>