Adjunct Volunteer Clinical Faculty Appointment

University of Utah
School of Medicine

Department of Family & Preventive Medicine
Physician Assistant Program

Return to:
University of Utah, DFPM, UPAP
375 Chipeta Way Ste A
Salt Lake City, UT 84108

If you have questions, please call:
Melody Berg
801-581-4203
University of Utah School of Medicine
Department of Family & Preventive Medicine
Adjunct, Adjunct/Volunteer Faculty Appointment

Adjunct Appointment  Adjunct/Volunteer Appointment
Community Clinics  Sponsoring DFPM program

Name______________________________________________________________________________________

______ Last  ______  First  ______  Initial
Office Address___________________________________________________ Office Phone

City, State, Zip__________________________________________________  E-Mail
Address___________________________________________________________
Home Address___________________________________________________ Home Phone

City, State, Zip__________________________________________________
Date of Birth_________  Gender:  M or  F  Social Security # __________________

Emergency Contact
Name______________________  Address______________________  Phone_______

Undergraduate Degree, Major,
University________________________________________________________
City, State_________________________  Year Graduated

Graduate Degrees, Major,
University________________________________________________________
City, State_________________________  Year Graduated

Ethnicity: (optional) ___African American, ___Asian, ___Underrepresented Asian, ___Caucasian, ___Hispanic or Latino,
___Native Hawaiian or Pacific Islander, ___American Indian or Alaskan Native

Citizenship:_______________________________________________________

Academic interests: (You may select more than one.):

• Student Programs in Family Medicine
  Freshman/Sophomore Preceptor (pre-clinical)
  Junior/Senior Preceptor (clinical)

• Resident Education
• Public Health Education
• Industrial Hygiene
• Occupational Medicine & Environmental Health Education
• Physician Assistant Preceptor
• Research in________
- Other

Honors/Awards (Attach CV or list if applicable)

Publications (Attach CV or list if applicable)

Current (U of U) Academic Appointments -- Full Time
(Department)
Adjunct (Department) Where is your primary appointment?

Previous Academic Appointments

List goals you would have as an Adjunct Faculty or Adjunct Volunteer Faculty member in the teaching of students and residents:

Memberships in Professional Associations or Societies

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<th>Name of Associations or Societies</th>
<th>Year Appointed</th>
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Internship/Residency Training:

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Board Certification:

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<th>American Board of Family Medicine</th>
<th>Year Certified</th>
<th>Year Re-certified</th>
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Licensed to practice in the States of:

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Total years in practice: Total years in present location:
Description of Practice (Circle those categories which describe your practice.):

- Adult Medicine
- Pediatrics
- Obstetrics
- Gynecology
- Orthopedics
- Preventive Medicine
- Psychology

- Geriatrics
- Anesthesia
- Counseling
- Surgery minor
- Surgery major
- ER Medicine
- Occupational Med

- Practice Format
- Utilize in Practice
- Group
- Nurse practitioner
- Solo
- Physician Assistant
- Other

Average number of patients seen per day: _____  Per week: _____

Primary Hospital Appointments:

- Hospital _________________________  Distance from office _____________
- Hospital _________________________  Distance from office _____________

Informed Consent

I acknowledge I am not an employee or agent of the University of Utah, the University of Utah School of Medicine, or the University of Utah Hospitals and Clinics (“University”) and understand the University will not provide medical malpractice insurance coverage for me as an adjunct or volunteer faculty member. I represent that I will maintain medical malpractice coverage with minimal limits of $1,000,000 per case and $3,000,000 annual aggregates when acting as an adjunct or volunteer faculty member. I expressly waive any right of subrogation or indemnification against the University or any of its officers, agents, colleges, departments, subdivisions, or related entities. I understand medical students and residents placed under my supervision, as an adjunct or volunteer faculty member, will be provided medical liability coverage by the University. I acknowledge the University is a governmental entity under the Utah Governmental Immunity Act, Utah Code Ann. Section 3-30d-101 et seq. 1953 (as amended). I further understand and acknowledge that the University expressly does not waive any rights or protections otherwise applicable under the Act, including without limitation, those provisions regarding limitations of judgments.

Signature __________________________________________ Date ________________
NOTICE AND AGREEMENT

As an adjunct/volunteer clinical faculty member of the University of Utah School of Medicine, I hereby agree that:

1. I am insured for any personal medical malpractice liability including coverage for professional medical services I perform in connection with, in behalf of, or at the University of Utah School of Medicine and/or University of Utah Health Sciences Center.

2. I will provide a valid and acceptable certificate of such insurance, from my insurance carrier to the University of Utah School of Medicine prior to performing any professional medical services in connection with my faculty appointment.

3. I will provide the University of Utah School of Medicine with a notice in writing 10 days prior to any cancellation of said policy.

4. I acknowledge and understand that neither the University of Utah School of Medicine nor the University of Utah Health Sciences Center has any insurance, which would cover my personal medical malpractice liability. To the extent that I have valid and collectible insurance covering me, I hereby expressly WAIVE any right of subrogation or indemnification against the University of Utah or any of its officers, agents, colleges, departments, subdivisions or related entities and hereby agree not to request indemnification by the University of Utah under U.C.A. 63-30-1 ET SEQ., Governmental Immunity Act, in connection with any claim arising out of my personal services that are the subject matter of this notice and agreement. I further understand and acknowledge that this agreement constitutes partial consideration for my being allowed to participate as a faculty member.

DATED THIS ____________ DAY OF _____________________, YEAR ___________

__________________________________________________________
Faculty Member’s Name (PRINT) Faculty Member’s Name
__________________________________________________________
(SIGNATURE)
Dear Preceptor,

We would like to invite you to apply for Adjunct Volunteer Faculty with the Department of Family and Preventive Medicine, Physician Assistant Program. We value the teaching of our students and would like you to apply for an appointment with the University of Utah, Department of Family and Preventive Medicine, Physician Assistant Program, as an Adjunct Faculty, Volunteer.

Please review the application packet; fill in the information needed and return with your Curriculum Vitae as soon as you can.

We are looking forward to seeing your application come through the department.

Sincerely,

Melody Berg
Academic Coordinator
Clinical Affairs
801-581-4203
mberg@upap.utah.edu