

## Clinical Faculty Application Information

We appreciate your interest in our teaching program in the Department of Obstetrics and Gynecology. Brief descriptions of credentials, standards of performance, and general principles for the clinical faculty are enclosed for your information.

In summary, the following materials are required to complete your application for a position on the Clinical Faculty:

1. University of Washington **biography form**. The University of Washington requires that this form be completed. Please do not write “refer to CV” on the bio form. It will not be accepted by the Dean’s office.
2. **Personal Data Form**
3. **Current CV**
4. **One letter of recommendation from Ob/Gyn board-certified physicians** who are familiar with your standard of practice. If you teach at an Ob/Gyn Basic Clerkship site, one letter can be from your site director.
5. **Washington State Patrol Form**
6. **Criminal Conviction and Civil Finding History Self-Disclosure Questionnaire**

Thank you again for your interest in our education program. If you have questions, please do not hesitate to Jessica Sidhu the Ob/Gyn Courtesy Faculty Manager at [obclerk@uw.edu](mailto:obclerk@uw.edu) or 206 543 3892. All application materials should be sent to the Regional Offices in WWAMI region or to Jessica Sidhu at [obclerk@uw.edu](mailto:obclerk@uw.edu) if you are in the Seattle area.

## **Clinical Faculty (Courtesy Appointments)**

Department of Obstetrics and Gynecology  
University of Washington School of Medicine

### **Credentials**

1. Applicants must be certified or eligible for certification by the American Board of Obstetrics and Gynecology at the time of application for appointment. This requirement may be waived if the applicant has an outstanding record in the community or is in another related specialty field.
2. Applicants must have full staff privileges commensurate with their specialty field and without pending disciplinary action at the hospital(s) in which they practice at the time of application for appointment.
3. Applicants must submit two letters of reference from Ob/Gyn Board Certified physicians who are familiar with their standard of practice.
4. Applications for change of status may be initiated by either the individual involved, the chairman of obstetrics and gynecology, or the Courtesy Faculty Committee. The final decision regarding promotion will reside with the full-time faculty of the Department of Obstetrics and Gynecology.
5. Following approval by the committee and full time Ob/Gyn faculty, applications will be processed in accordance with current University policy.

### **Standards of Performance**

1. Each Clinical Faculty member is expected to participate at least 50 hours per year. A Clinical Faculty participation survey is mailed each year with a request for a current CV.
2. The teaching and/or administrative duties of each Clinical Faculty member are reviewed annually. Student and resident written evaluations for each member are also reviewed.
3. Reappointment and faculty advancement are based on the number of years in current rank, as well as documented service to the teaching program. Reappointments and promotions are reviewed and approved by the full-time faculty. A current CV is required to complete the promotion process.

## **Clinical Faculty Duties**

For appointment to a Clinical Faculty title, you must participate in Student or Resident Education for the Department of Obstetrics and Gynecology in one or more of the following ways:

- Student or Resident Lectures
- Review Student oral presentations
- Annual Pelvic Exam Module
- Actively teach UW medical students on obstetrics and gynecology clerkship rotations at a clinical site or institution that has a formal Affiliation Agreement with the University of Washington School of Medicine
- Actively teach obstetrics and gynecology residents at one of the approved Residency Program training sites

## **Contacts**

Vicki Mendiratta, MD  
Chair, Courtesy Faculty Committee  
[vmendira@uw.edu](mailto:vmendira@uw.edu)  
206-543-9796

Jessica Sidhu  
Courtesy Faculty Manager  
[obclerk@uw.edu](mailto:obclerk@uw.edu)  
206-543-3892



University of Washington  
 Academic Human Resources, Office of the Provost  
 85 Gerberding Hall, Box 351270, Seattle, WA 98195  
 206.543.5630 acadpers@u.washington.edu

## Biography

Date
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Name in full (do not use initials)		Email address:	
Were you formerly employed by the UW? __Yes __No			
If so, please provide your UW Net ID (eight characters) or Employee ID (nine digits) to assist us in locating your information.			
Employee ID:		UW NetID:	
Sex (M/F)	Date of Birth (MM/DD/YYYY)	Place	Citizenship
Person to be notified in case of emergency			
Name:		Phone:	

List, in chronological order, degrees conferred by schools, colleges and universities:			
Name of Institution	Location	Date Degree Conferred	Degree Type

Are you a State of Washington Department of Retirement Systems retiree?

YES \_\_\_ NO \_\_\_

If yes, you must contact the University of Washington Benefits Office at (206) 543-2800, or [benefits@u.washington.edu](mailto:benefits@u.washington.edu), before you begin employment to ensure compliance with your retirement plan.

Please indicate the title and position you held at the time the University of Washington position was offered.
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PERSONAL DATA FORM

SECTION I – Employee Information			
Employee Last Name:	First Name:	Middle:	Social Security Number or EID:
Home Department Name:		UW Box:	
Work Phone 1:	Work Phone 2:	Work Country:	
Local Address:			Apt. #:
City:	County:	State:	ZIP:
Permanent Address (if different):			Apt. #:
City:	County:	State:	ZIP:
Home Phone:			
SECTION II – Emergency Contact Information			
Emergency Contact Name:		Day Phone:	Evening Phone:
SECTION III – Citizenship Information (Complete if other than United States)			
Country of Citizenship:			
Immigrant Status (check one): <input type="checkbox"/> F1 – Student <input type="checkbox"/> J1 – Exchange Visitor <input type="checkbox"/> H1 – Working Visa <input type="checkbox"/> IM – Immigrant <input type="checkbox"/> Other (specify) _____		Date Entered USA (attach photocopy of visa): _____ / _____ month                  year	
Are you a regularly enrolled student at the University of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Visa Expires _____ / _____ month                  year	
SECTION IV – Education Information			
Education Level (check one):			
<input type="checkbox"/> 01 No Academic Credit	<input type="checkbox"/> 04 High Sch. Diploma/Eqv.	<input type="checkbox"/> 07 Assoc. of Arts	<input type="checkbox"/> 10 Professional Degree (e.g., M.D., D.D.S., J.D.)
<input type="checkbox"/> 02 Grade School	<input type="checkbox"/> 05 Trade Sch. Certificate	<input type="checkbox"/> 08 B.A./B.S.	<input type="checkbox"/> 11 Ph.D.
<input type="checkbox"/> 03 Some High School	<input type="checkbox"/> 06 Some College	<input type="checkbox"/> 09 M.A./M.S.	<input type="checkbox"/> 12 Other Degree (e.g. Dr. of Education, Dr. of Science)

Employee Signature	Date
_____	_____

The curriculum vitae should contain the following information:

1. Personal Data: Place of birth; citizenship, if applicable; date of birth optional.
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. Honors: Phi Beta Kappa, Sigma Xi, AOA, Prizes, RCDAs, Young Investigator Awards, Teaching Awards, etc.
7. Board Certification: General Medical and Specialty Boards (indicate date received).
8. Current License(s) to Practice: States and dates.
9. Professional Organizations: Include offices held.
10. 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.
11. Editorial Responsibilities: Include positions on editorial boards. Do not include occasional reviewing duties.
12. Special National Responsibilities: Study sections, Training Grant Committees, American Heart Association and other similar responsibilities.
13. Special Local Responsibilities: University and Hospital committees. Do not duplicate teaching committees listed in #10.
14. Research Funding: Sources, dates and dollars. Include Training Grants.
15. 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.
16. Other: National invitational lectures, etc.

# 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 4<sup>th</sup> 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)

## **INSTRUCTIONS**

**Please type or print clearly in ink**

**SECTION A:** Please type, stamp, or clearly print the address to which our response is to be mailed, and sign.

**SECTION B:** Check appropriate box indicating purpose of request.  
Child/Adult Abuse Information: Response limited to convictions of crimes against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision. The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to a civil action for damages.

**SECTION C:** For our search purposes, please provide as much information as possible. **Name and date of birth are mandatory.**

**SECTION D:** Please type or clearly print Business/Organization requesting information, name and address of applicant of inquiry. A legible inked right thumb print is optional; however, if submitted, it will be used for positive verification. This portion will be returned to the applicant by the requesting agency.

**FEES:** **Make payable to Washington State Patrol by cashier's check, money order, or commercial business account. Personal/certified checks will not be accepted.**

**ADDITIONAL INFORMATION:** If submitting an applicant fingerprint card, this form is not required.

PLEASE MAIL ENTIRE COMPLETED FORM TO: **WASHINGTON STATE PATROL**  
**Identification and Criminal History Section**  
**PO Box 42633**  
**Olympia, WA 98504-2633**

**FOR FURTHER INFORMATION, CONTACT THE WASHINGTON STATE PATROL AT (360) 705-5100.**

This lower portion sent by Requesting Agency to the Applicant

This identification certificate is the result of a request for criminal conviction record information from the Washington State Patrol Identification and Criminal History Section on a prospective applicant by a business or organization. Pursuant to the Child/Adult Abuse Information Act, RCW 43.43.830 through 43.43.845, if the conviction record, disciplinary board final decision, or civil adjudication record shows no evidence of a crime against children or other persons, an identification declaring the showing of no evidence shall be issued to the applicant.



## 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

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 <b>Courtesy Clinical Faculty Appointment - 08/6/13</b>	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 \_\_\_\_\_