

Clinical Associate Verification Form v. 7/2018

INSTRUCTIONS:

1. Academic Home Department completes section 1 and sends form to UCSF Medical Staff Office
2. UCSF Medical Staff Office completes section 2 and sends completed form back to Academic Home Department
3. Academic home Department submits request for new appointment to HR Shared Services, and includes verification form and CV for new appointments (for reappointments, no CV is required)

SECTION 1: Completed by Academic Home Department

Candidate Name:

Candidate Email Address:

Appointment/ Reappointment Effective Date:

Academic Home Department:

Practice Site

Name of Clinical Practice Site:

*Current title/position:

*** FOR SOM: A UCSF core clinical site employee with an MSP physician appointment may not hold a Clinical Associate appointment. Please consult with your Dean's office of Academic Affairs to determine an appropriate title.**

FOR SON: Please complete the School of Nursing form, also at the VPAA site.

FOR SOP, SOD: Consult with your Dean's office of Academic Affairs before completing the form.

Current State Licensure or the Equivalent

Number:

Expiration Date:

Board certification: Yes No N/A

If yes, board name:

Board certification date:

I confirm that the above information is correct.

Signature: _____ Date: _____

SECTION 2: Completed by UCSF Medical Staff Office/ Affiliate Medical Staff Office

Is candidate actively practicing at facility named above? Yes No

Performance of candidate as assessed and documented by peer review at facility named above:

Satisfactory Unsatisfactory

Name:

Title:

Phone:

Email:

I confirm the above information is correct; the affiliation agreement between the facility and the University remains in effect.

Signature: _____ Date: _____