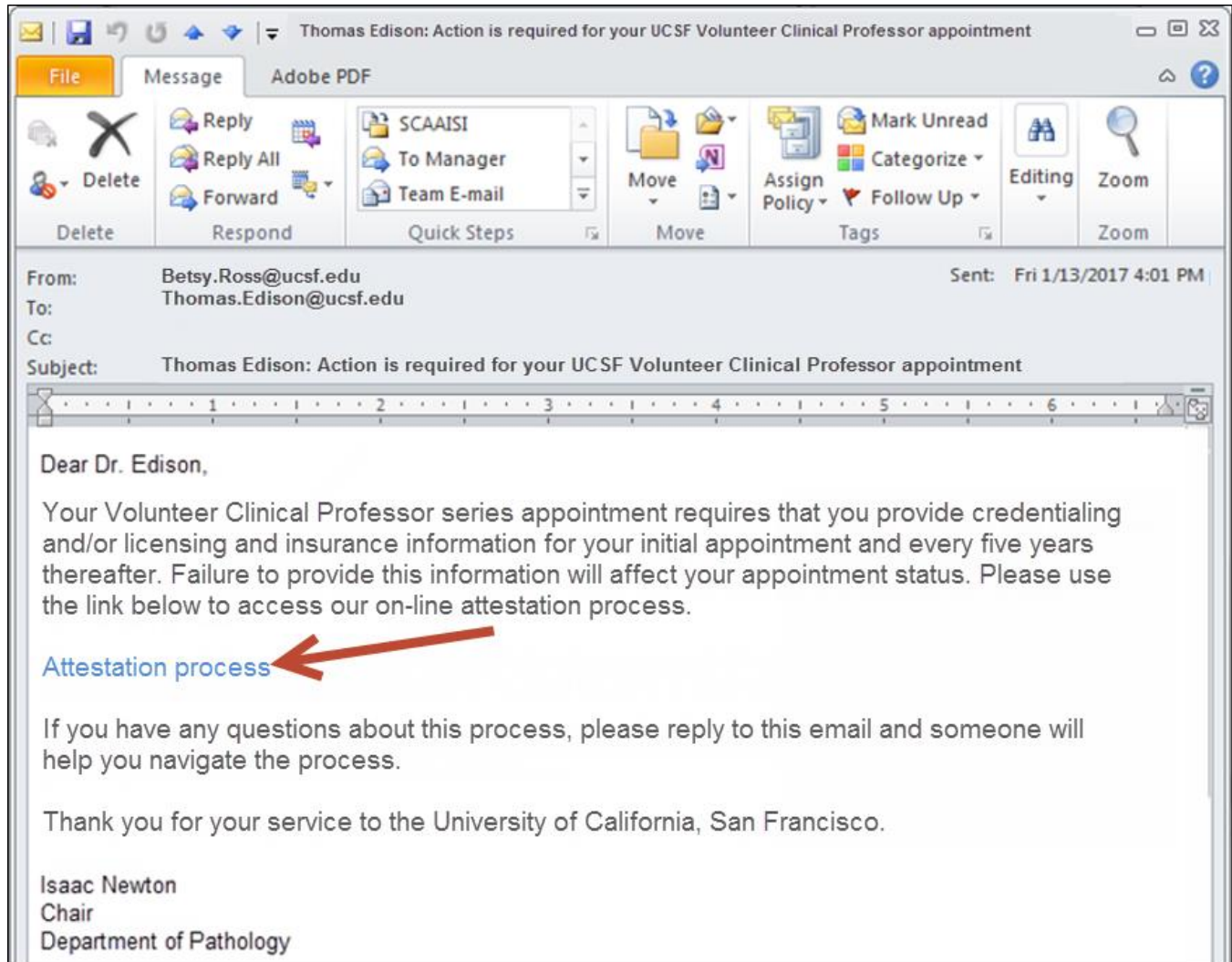


Initial Notification email:



Step 1:

Advance Faculty Information System Help

Candidate: Thomas A Edison Reappointment to Associate Volunteer Clinical Professor

I wish to initiate/renew my appointment in the Volunteer Clinical Professor series.

Yes No

Step 2:

Advance Faculty Information System Help

Candidate: Thomas A Edison Reappointment to Associate Volunteer Clinical Professor

I am credentialed through the Medical Staff Office at a UCSF facility and/or at the UCSF Benioff Children's Hospital Oakland, UCSF Fresno, the San Francisco VA Health Care System, or the Zuckerberg San Francisco General Hospital, where I perform my Volunteer Clinical teaching duties.

Yes No/Not sure

Step 3: Attestation Form

Advance Faculty Information System Help

Candidate: Thomas A Edison Reappointment to Associate Volunteer Clinical Professor

**University of California, San Francisco Attestation Form in support of
Appointment, Reappointment, or Promotion in the Volunteer Clinical Professor series**

1. I have a current, unrestricted license to practice issued by
e.g., California, New York, etc. .

Yes, license number/expiration date (attach license)

No, please explain

2. Have any of the following ever been, or are any of the following currently being voluntarily or involuntarily denied, revoked, suspended, relinquished, withdrawn, reduced, limited, not renewed, placed on probation or currently under investigation?

a) Medical or professional license in any state No Yes, please explain

b) DEA certificate of registration No Yes, please explain

c) Membership on any hospital medical staff No Yes, please explain

d) Clinical privileges on any medical staff No Yes, please explain

3. Have you ever been suspended or excluded by the federal government from participation in any governmental health care program or, to the best of your knowledge, been proposed for exclusion?

No Yes, please explain

I agree to notify the UCSF Department Chair and the Compliance Officer or the University's Office of General Counsel immediately upon receiving written or verbal notification that I am proposed for exclusion from any governmental health care program.

Continued on next page

4. Do you hold Professional Liability Insurance coverage of at least \$1 million per occurrence and \$3 million aggregate (the minimum coverage required to practice medicine at UC)?

N.B. UC liability coverage for voluntary appointments is very limited and only covers activities that are conducted within the course and scope of their University appointment. It does not provide any coverage for the voluntary appointee's own lapses, acts, or omissions.

- Yes, please identify below

Malpractice Carrier Information

Name of Carrier
Policy Number
Dates of Coverage

- No, if no:
- Not needed; UC teaching activities only
 - Not mandated for specialty, e.g. nursing or pharmacy
 - Other reason, please explain

5. Has your professional liability insurance ever been canceled, or has any professional liability insurer refused to renew your policy?

- No/Not Applicable
 Yes, please explain

-
- I understand, acknowledge, and agree that

- I have an ongoing legal duty to immediately inform UCSF **<School Name>**, in writing, if my licensing agency restricts or revokes my license or if my professional liability coverage lapses, is revoked or expires or if any of the circumstances described above occur.
- I may be liable for any and all monetary damages or expenses incurred by the Regents of the University of California arising from or related to any misrepresentation, breach of warranty or breach of my ongoing duty to inform the UCSF **<School Name>** of any of the above changes in licensure or insurance coverage.
- I have the burden of producing adequate information for proper evaluation of my experience, background, training, ability, professional ethics and/or resolving any doubts about these or any of the other qualifications for appointment as a member of the voluntary clinical faculty. I agree to provide such other and further information relating to the foregoing as the **<School Name>** may require.

By clicking the Certify button, I confirm that all information contained in this Attestation Form is true, correct and complete in all material respects. I understand and acknowledge that any material misstatement in or omission from this Attestation Form shall constitute cause for denial of this application and revocation of my academic appointment.

Step 4:

Candidate: **Thomas A Edison** Reappointment to Associate Volunteer Clinical Professor

UCSF expects Volunteer Clinical Professors of all ranks to devote approximately 50 hours/yr to teaching. Use this form to describe your teaching activities over the past five years. You may record more than one activity/yr. Use the + button to add rows.

Year (YYYY) Brief description of the teaching activity including site, setting, and time spent on each activity.

2015	[Deans need to provide us with acceptable examples]
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If you were unable to provide teaching activities (above), please explain here.

Save As Draft

Submit