

ADJUNCT FACULTY

Please complete and return this interest form with your CV or Resume to Terry Jefferson, by email: tjefferson@marylandcom.org or mail to: Maryland College of Osteopathic Medicine (proposed) at Morgan State University, Attn: Terry Jefferson, 1700 East Cold Spring Lane, Truth Hall room #409, Baltimore, Maryland 21251

How Can Doctors become part of MDCOM's Adjunct Faculty?



**Maryland College of
Osteopathic Medicine
(proposed) at
Morgan State University**

Adjunct Clinical Faculty Information Sheet

Adjunct Faculty Name: _____ D.O./M.D. • Birth Date: _____ Male ___ Female ___ Other _____

Hospital/Clinic Name: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____ Email: _____

Specialty(ies): _____

Terminal Degree: _____ Years of Practice: _____ Medical License Number/ State: _____

ABMS Board Certification(s) & Date(s): _____

AOA Board Certification(s) & Date(s): _____

Current Hospital Affiliations: _____

Clinical Teaching Experience:

Medical Student Preceptor

- List medical school affiliation(s): _____

Intern/Resident Preceptor

- Program Type(s): _____

Other previous teaching position(s): _____

Anticipated Teaching Availability: _____ medical students/month, for the months of: _____

Signature: _____ Date: _____

PLEASE ATTACH YOUR MOST RECENT C.V. • REQUIRED TO COMPLETE THIS APPLICATION

Return via email or mail to:

Terry Jefferson • tjefferson@marylandcom.org

Maryland College of Osteopathic Medicine (proposed) at Morgan State University

1700 E. Cold Spring Lane

Truth Hall Rm. 409

Baltimore, Maryland 21251

For office use only:

Previous Rank (if applicable): _____ Adjunct Rank: ___ Instructor ___ Asst.Professor ___ Assoc. Professor ___ Professor

Initial Credentialing Date: _____ Instructor _____ Assistant Professor _____ Assoc. Professor _____ Professor _____

Notes: _____

CED Evaluator signature: _____ Date: _____

Dean Signature: _____ Date: _____