



TEXAS TECH UNIVERSITY
 Health Sciences Center
 Paul L. Foster School of Medicine*

Faculty Appointment Addendum

DIRECTIONS FOR FACULTY CANDIDATES: Please answer all questions. Return the completed form with your credentialing packet to the Office of Clinical Affairs. *If you answer yes to questions 3-10, please provide a statement with a full explanation on a separate sheet of paper.

Licensure/Eligibility

1. How many attempts did you take to pass each step of the USMLE, if applicable?

Step 1 _____ Step 2 _____ Step 3 _____

2. Have you taken and passed any monitored examination within the past 10 years? Yes No
 (Monitored examinations include any licensure examination, specialty board examination, and monitored recertification examination.)

*3. Is your license to practice in your profession currently under investigation in any state? Yes No

*4. Have you ever taken and failed any part of a specialty board certification examination? Yes No

Criminal Charges

*5. Have you ever been charged with or convicted of an offense which is a felony or any misdemeanor involving moral turpitude (including being placed on probation and/or deferred adjudication, or have pled nolo contendere)? Yes No

Malpractice History/Liability Insurance

*6. Have there ever been or are there currently pending, any malpractice claims, suits, settlements, or arbitration proceedings involving your professional medical practice? Yes No
 If yes, provide a current list and status of each on separate sheet.

*7. Have you ever been denied professional liability insurance coverage or had coverage revoked, suspended, reduced, limited, or not renewed by any malpractice carrier or self-insurance plan? Yes No

Medicare/Medicaid, or Governmental Programs

*8. Are you currently under investigation or are there any pending actions in regards to your participation in Medicare, Medicaid, or any other federal or state agency or funding program? Yes No

Academic Appointment/Employment

*9. Has your faculty appointment or employment ever been terminated, sanctioned, or placed on probation by any academic institution, healthcare entity, or employer? Yes No

Scientific Misconduct

*10. Have you ever been disciplined for or are you currently under investigation for scientific misconduct by the NIH, any academic institution, or other grant funding entity? Yes No



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Texas Tech Faculty Appointment and/or Employment Authorization and Consent for Release of Information

In signing this form, I hereby:

- Certify that all information submitted by me in this application is true to my best knowledge and belief;
- Understand that any significant misstatements in or omissions from this application constitute cause for denial of faculty appointment and/or employment.
- Consent to the inspection by Texas Tech University Health Sciences Center and its representatives, of all documents and information that may be material to an evaluation of my qualifications, character and competence;
- Authorize Texas Tech University Health Sciences Center and its representatives to consult with my prior associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, and ability to work cooperatively with others;
- Authorize the release of the above information;
- Release from liability all representatives of Texas Tech University Health Sciences Center and their staff for their acts performed and statements made in good faith and without malice in connection with evaluating my credentials and qualifications;
- Release from liability any and all individuals and organizations who provide information to Texas Tech University Health Sciences Center and its representatives, in good faith and without malice in connection with evaluating my credentials and qualifications;
- Authorize and consent to the release of information and documents by Texas Tech University Health Sciences Center and its representatives, to other hospitals, third party payers, and medical associations on requests regarding any information Texas Tech University Health Sciences Center and its representatives may have concerning me as long as such release of information is done in good faith and without malice, and I hereby release from liability Texas Tech University Health Sciences Center and its representatives for so doing;
- Acknowledge that I have the burden of producing information to demonstrate my professional competence, character, ethics and other qualifications; and
- Recognize that the credentialing process is a continuous process, that Texas Tech University Health Sciences Center may investigate my credentials for the duration of my faculty appointment/employment, and that the authorization, acknowledgements, consents, and releases provided in this form will remain in effect for this purpose until revoked by me in writing.

A photostatic copy of this original statement constitutes my written authorization to release any and all requested information. Such photostatic copy shall have the same force and effect as the signed original.

PRINTED NAME

First	Middle	Last	Degree
Signature			Date