

University of Colorado Denver School of Medicine  
and The Children's Hospital  
Department of Pediatrics

# Clinical Faculty Application

(Please type or print)

## PART I - PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_

Present Position: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date & Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Ethnic Origin: (circle one) -Wh -Bl -Hispanic -Asian -Amer Ind -Other

Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

**PART II - PROFESSIONAL INFORMATION** (if not detailed on curriculum vitae)

**Baccalaureate Training** (Please list: institution, location, degrees, and dates)

**Medical Training** (Please list: institution, location, degrees and dates)

**Internship:**

**Residencies and/or Fellowships:**

**Board Certification(s)**

<u>Board</u>	<u>Certification#</u>	<u>Expiration/Term of Certification</u>	<u>Date of Recertification</u>
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**License(s) Information** (Include state, license number and year licensed)

**Academic Appointments** (Indicate rank, institution and dates)

**Privileges** (Indicate all institutions at which you have privileges and level of privileges)

**Professional Honors** (Prizes, fellowships, grants, recognitions, etc.)

**Membership in Professional Societies** (Include name of society and dates involved)

**Editorial/Reviewer Position(s)**

**List Publications or other Pertinent Information** (Attach additional sheet if necessary)

**Civic Positions** (Advocacy for children - School Boards/Scouting)

**Military Service** (Army, Navy, Air Force, etc., including rank and dates)

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**PART III - REFERENCES**

(Please list three references, including: name, address and a phone number)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**PART IV - QUESTIONNAIRE**

Have you ever been denied health, life or disability insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever or do you currently have problems with alcohol and/or drug dependency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently taking any medication that may affect either your clinical judgment or motor skills?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently under any limitations, in terms of activity or work load?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your medical license ever been denied, limited, suspended and/or revoked in any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has any formal complaint been filed against you in any state, which may result or has resulted in probation, revocation or suspension of your license?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your narcotics registration certificate ever been denied, limited, suspended or revoked?

Yes \_\_\_\_\_ No \_\_\_\_\_

***If you answered yes to any of the above questions please attach an explanation***

**PART V - STATEMENT**

I certify that the statements contained in this Clinical Faculty Application are true and complete. For appointments to the clinical faculty, I authorize administrative officials of the Department of Pediatrics to make inquiries and investigations necessary to establish my professional qualifications; my adherence to the ethics of my profession; my good reputation and ability to work with others.

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit this application accompanied by a typed current curriculum vitae with pages numbered to:**

**The Children's Hospital  
Jessica Jensen  
13123 E. 16<sup>th</sup> Ave., B065  
Aurora, CO 80045  
(720) 777-2715**