

Application checklist

Please include all of the following required items:

- Application (Please fill this form out completely. If a certain question does not apply, please write N/A.)
- Copy of current *curriculum vitae*

Email completed application to **somacredentiaing@atsu.edu**

Section 1

First name _____ Middle initial _____ Last name _____ Degree _____

Facility/business name (if applicable) _____

Business address _____

City _____ State _____ Zip _____

Phone number _____ Email _____

Specialty _____ Medical license # _____

Section 2

Please indicate how you would like to participate in our education programs (check all that apply).

Precepting students in clinical rotations _____

Other _____

Do you hold any other academic appointments? Yes No

If so, please list _____

I hereby certify the information on this application and all other provided information is true and correct. I understand any misrepresentation or omission will be sufficient cause for cancellation of this application or removal from the clinical faculty roster.

I have read and agree to abide by the American Osteopathic Association Code of Ethics.

Physician's signature _____ **Date** _____

A.T. Still University nondiscrimination policy

A.T. Still University (ATSU) does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), sexual orientation, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Sexual harassment, dating violence, domestic violence, sexual assault (e.g., nonconsensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU.