



Application and Requirements for Adjunct Faculty Appointments for Practitioners at SUNY Optometry Affiliated Education Programs

This application should be used for new appointments, renewals, and promotion applications.

Application Procedure

Completed application materials should be sent to:

Office of Academic Affairs
SUNY State College of Optometry
33 West 42nd Street
New York, NY 10036

For additional information contact Focrun Nahar– fnahar@sunyopt.edu (212) 938-4313

Adjunct Appointments

Individuals may be eligible for adjunct faculty appointment if they work directly with SUNY College of Optometry students or residents, or both, on a regular basis, or if they are significantly involved in the College's research or clinical programs.

Adjunct appointments are made by the Vice President and Dean for Academic Affairs following reviews by the relevant program director(s).

Adjunct appointments are two-year appointments and require submission of required application information.

For externships, applicants may be full-time or part-time at affiliated site.

Other appointments may be granted based on individual circumstances at the discretion of the Dean or President.

Requirements for Initial Appointment, or Promotion, to Different Levels:

1. Adjunct Clinical Instructor
 - Equivalent clinical experience in an optometric residency program.
 - Letter of recommendation from the site chief or program supervisor.
 - If site chief, program supervisor, or private practitioner, letters of recommendation from past supervisors or other qualified professionals are required.

2. Adjunct Assistant Clinical Professor
 - Successful completion of an optometric residency program OR at least three years of clinical experience.
 - Letter of recommendation from the site chief or program supervisor.
 - If site chief, program supervisor, or private practitioner, letters of recommendation from past supervisors or other qualified professionals are required.

3. Adjunct Associate Clinical Professor
 - At least five years experience supervising students and/or residents.
 - Significant record of sustained scholarly activity (professional presentation, journal articles, etc.).
 - Evidence of professional conduct and competence (CE, lecturing, memberships/participation in professional organizations).
 - Letter of recommendation from the site chief or program supervisor.
 - Two additional letters of recommendation from qualified professionals supporting the application.
 - If site chief, supervisor, program supervisor, or private practitioner, letters of recommendation from past supervisors or other qualified professionals are required.

4. Adjunct Clinical Professor
 - Must have at least ten years experience precepting students and/or residents.
 - Must be nationally recognized in profession.
 - Must have record of significant, sustained scholarly activity and professional conduct and competence.
 - Letter of recommendation from the site chief or program supervisor.
 - Three additional letters of recommendation from qualified professionals supporting the application.
 - If site chief, supervisor, program supervisor, or private practitioner, letters of recommendation from past supervisors or other qualified professionals are required.

Decision Making Process for Initial Appointment and Promotions

Letters of recommendation are required for all new appointments or promotions. Applicants seeking a promotion must also submit a cover letter justifying the promotion.

The Vice President and Dean for Academic Affairs will determine faculty appointments and promotions at the recommendation of the Director of Residency Education (when the applicant will be supervising residents) and/or the Director of Externships (when the applicant will be supervising externs), or others as appropriate for the applicant.

For applications to Adjunct Clinical Professor, an *ad hoc* committee of faculty will also review the appointment and make a recommendation to the Vice President and Dean of Academic Affairs.

Length of Appointments

Each adjunct status appointment will be for a two-year period. Appointments at externship sites will be without stipend or salary, and will be contingent upon continued assignment at that location.

Renewals

Applicants seeking a renewal at the same rank must complete an application with signature(s) from the site chief or program supervisor. If the applicant is the site chief or program supervisor, the signature of the Director of Externships and/or the Director of Residencies will be sufficient.

Benefits for Adjunct Faculty

The following benefits are available to adjunct faculty:

- Library privileges including full access to electronic journals
- Access to IT and Media department for assistance with preparation of presentations
- College email Account
- Continuing Education discounts and access to free programs

An adjunct faculty should contact the Office of Academic Affairs to set-up the necessary accounts to access these benefits.

Application Contents

The following is a summary of the necessary information for all applications (initial appointment, renewal, and promotion). All applications require a completed Application Form (attached), a current CV, and the signature of the site supervisor. Incomplete applications will not be processed.

Applicants are strongly urged to retain a copy of the application for their files.

Application requirements:	Initial appointment	Renewal	Promotion
Complete Application (attached)	X	X	X
Current CV	X	X	X
Letter from site supervisor (or equivalent)	X		X
Professional Conduct Disclosure (attached)	X	X	X
Confidentiality waiver (attached)	X	X	X
Statement of justification			X
Signatures of site director(s) or program supervisor(s)	X	X	X



Application for Adjunct Faculty Appointment or Promotion

Check one: _____ Date _____
____ new appointment (see requirements on page 3)
____ request for promotion (see requirements on page 3)
____ renewal* (requires completion of this form and an up-to-date CV)

*If renewal, when were you last appointed? _____

Full Name _____
Unless specified, only middle initial will be listed in any printed materials pertaining to you and your facility

Name of Affiliate _____

Complete Address _____

Please list accurately and fully, according to how facility should be listed in any printed materials

Telephone (work): _____ Email: _____

Title or position at externship/residency facility: _____

Professional License Number(s) and State: _____

Please provide the following information:
(This information is for National Data Bank inquiries and will remain confidential.)

Date of Birth

Practice tax ID number/NPI #

Social Security Number

Contact Information

Please provide the names and contact information of at least two professional references:
(If this is an initial application or an application for promotion you *must* provide letters of reference as described in the instructions.)

TYPE OF APPOINTMENT

Check one or both:

I will be supervising OD students

I will be supervising residents

Check the rank of appointment for which you are applying (CHECK ONLY ONE please consult requirements for additional information).

Adjunct Clinical Instructor

Adjunct Assistant Clinical Professor

Adjunct Associate Clinical Professor

Adjunct Clinical Professor

OTHER:

PROFESSIONAL CONDUCT DISCLOSURE

Must Be Completed by All Adjunct Clinical Faculty Applicants

<i>Please answer the following. If any "YES", a full explanation must be attached.</i>		YES	NO
1.	Has your license to practice in any state ever been suspended, limited, restricted, revoked, voluntarily surrendered, been subject to a consent order or has probation ever been invoked?		
2.	Has your Federal or State License to prescribe narcotics ever been refused, suspended, limited, revoked or voluntarily surrendered?		
3.	Have you ever had professional liability insurance declined, canceled or renewal refused?		
4.	Have you ever been found by the Office of Health Systems Management, the Department of Education, the Office of Professional Conduct or the Office of Professional Medical Conduct to have violated a patient's rights as set forth in Section 405.7 of the New York State Health Code?		
5.	Have you ever been the subject of a disciplinary proceeding by the Office of Health Systems Management, the Department of Education or by the Office of Professional conduct or the Office of Professional Medical Conduct?		
6.	Are there any malpractice actions (pending, in progress, settled or judgments) against you in any state?		
7.	Are there any professional misconduct proceeding against you in any state?		
8.	Have you ever been indicted in any criminal or civil suit?		
9.	Have you ever been denied membership, renewal thereof or been subject to disciplinary proceeding in any health care organization?		
10.	Have you ever been denied request for privileges at any hospital/clinic or optometric institution?		
11.	Have you ever been asked to resign from a health facility staff, clinic, school or professional society?		
12.	Has any optometric institution/hospital or clinic ever suspended, diminished, revoked or failed to renew your privileges?		
13.	Are you under care or taking medication for any mental illness?		
14.	Do you have a chemical dependency or substance abuse problem?		
15.	Do you at present engage in the illegal use of drugs or the abuse of alcohol?		
16.	Do you currently have any mental or physical condition that with reasonable accommodation would adversely affect your ability to perform the essential functions within the scope of your practice?		
17.	Are you currently under care for a continuing health problem?		
18.	Have you ever been suspended for participation in Medicare, Medicaid or another third-party payment program?		

VERIFICATION AND WAIVER: I hereby verify that the information provided by me in this Application for Provider Network Status, is complete, true and accurate. I authorize the State University of New York, State College of Optometry to investigate any or all statements I have made in this application and to seek from third parties, including hospitals, medical practitioners, medical schools, schools of optometry, insurers and state agencies verification of the information I have provided. I understand that my appointment or reappointment may be terminated if false or misleading information is provided.

I also waive any confidentiality provision and release the State University of New York, College of Optometry from any liability whatsoever for providing any information contained herein or in my personnel files when such information is provided in good faith and without malice and upon request of any authorized representative of any other health care facility or of any other individual or organization authorized to request such information pursuant to applicable Federal, New York State or local law.

STATEMENT OF CONFIDENTIALITY:

I understand and acknowledge that all documentation, records, discussions and actions related to medical records, including incident reporting or investigations for quality assurance, and risk management information, is deemed "Confidential" information, and not subject to disclosure and/or discussion outside the functions of the Network. I further acknowledge that, should I breach this understanding, I will be subject to disciplinary action, which could lead to termination of this appointment.

STATEMENT OF ACCURACY:

I certify that I have given complete and accurate information in this application. Any falsification or misrepresentation could constitute grounds for termination of my appointment or refusal by the SUNY College of Optometry to grant an appointment.

Applicant Signature: _____ Date: _____

Program Supervisor Approval

I approve of this applicant's request for adjunct renewal or promotion.

Externship Site Director: _____ Date: _____

Residency Site Supervisor: _____ Date: _____

For Administration Use Only:

Approval of Externship Director: Y N Signature: _____ Date: _____

Approval of Residency Director: Y N Signature: _____ Date: _____

Checklist

Before you submit your completed application, here is a checklist to remind you of submission requirements:

Signature(s) of Site Supervisor(s) for Externship and/or Residency Programs

(if you are the site supervisor, no signature required)

Up-to-Date CV

Residency Certificate (if applicable)

Letters of Recommendation (attached)

(for initial appointments and promotions)