

Clinical Adjunct Tracking Form

Appointment Date: _____ Expires: _____

On Campus Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> No
Presenting Location	<input type="checkbox"/> Local <input type="checkbox"/> Main <input type="checkbox"/> Knox <input type="checkbox"/> All <input type="checkbox"/> None
Presenting	<input type="checkbox"/> Lecture <input type="checkbox"/> Clinical <input type="checkbox"/> None
Residents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
% of OMM	%

Physician Name & Degree: _____

Physician's Specialty: _____

Affiliated Core Site: _____

Reappointment: ☐ Yes ☐ No

DCOM Alumni: ☐ Yes ☐ No

Date	Item	Completed by:	Signature
	Application Received		
	CV, Medical License & Certification received		
	Preceptor entered in E*Value		
	Forwarded to DCOM Rotation Coordinator		
	PDC Practitioner Profile AOA Profile (DO) <u>Professional License Verified:</u> <i>State:</i> _____ <i>Expires:</i> _____ <u>Board Certification Checked:</u> <i>American Board of:</i> _____ <i>Sub-Specialty:</i> _____ <i>Expires:</i> _____ <input type="checkbox"/> <i>Board Eligible</i> Add PDC & AOA profiles to Personal Records Tab		
	<ul style="list-style-type: none"> Site information entered in E*Value Preceptor linked to appropriate site(s) 		
	<ul style="list-style-type: none"> Email to Kari Hoskins to request Preceptor & Affiliation Agreement Forward W-9 or notify her if not received 		
	Application packet sent to Chairperson Sent to Dr.		
	Reviewed and Approved by Chairperson Dr.	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
	Reviewed and Approved by Clinical Dean	Anya Cope, DO	
	Reviewed and Approved by Dean	Christopher Loyke, DO	
	Added to Colleague / Colleague #		
	Library Access: <input type="checkbox"/> Yes <input type="checkbox"/> No UpToDate Access: <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Email: <input type="checkbox"/> Personal <input type="checkbox"/> Business		
	Letter of Adjunct Appointment and Certificate prepared		
	Complete application uploaded to E*Value (Personal Records Tab), Adjunct appointment, medical license & certificate date included		
	Mailed to <input type="checkbox"/> Personal or <input type="checkbox"/> Business address:		
	Reviewed by Clinical Rotations Director	Anita Sutton	
Additional Information Required Signature _____ Information needed _____ Appointment Declined Signature _____ Reason for non-appointment _____			

NOTES / COMMENTS: