



Sam Houston State University

COLLEGE OF OSTEOPATHIC MEDICINE

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

Clinical Faculty Request Form

Physicians interested in teaching Sam Houston State University medical students should provide information on this form. Requirements include a DO or MD degree, unrestricted license to practice, professional liability coverage, and board certification or eligibility in the primary specialty.

Clinical Faculty will be given a faculty appointment to the SHSU College of Osteopathic Medicine and will be eligible for continuing education credits as permitted by the AMA or AOA based on participation in student education. Clinical faculty will also be provided with faculty development opportunities.

Please provide the following information:

Name: _____

Phone: _____

Practice/Clinic Name: _____

Practice/Clinic Address: _____

City: _____

State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____

State: _____ Zip: _____

Main Hospital Affiliation(s): _____

Do you round on patients at the hospital listed above?

Yes No

License Number: _____ State: _____

Specialty: _____

Board Certified: Yes No

Certifying Board: _____

Date of Birth: _____

E-mail address: _____

Ever attended SHSU: Yes No

By checking the box, I attest to having and maintaining current professional liability coverage.

Signature: _____ Date: _____

Please scan and send to COMcredentials@shsu.edu or fax to **936-202-5260**

Sam Houston State University is an Equal Opportunity/Affirmative Action Institution

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