



**LAKE ERIE**  
COLLEGE

Lake Erie College  
Clinical Adjunct Faculty Application Form

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**Clinical Coordinator Contact:**

Lynn Pagliaccio, RN, MPAS, PA-C  
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Painesville, OH 44077  
lpagliaccio@lec.edu  
440-840-2980

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

Affiliation (hospital, practice, etc): \_\_\_\_\_

Licensure(s): \_\_\_\_\_

LEC Duties: \_\_\_\_\_

The undersigned acknowledge that this application form is not a financial commitment on behalf of the college. Benefits granted herein will include a Lake Erie College email address, Lincoln Library and electronic resource access, ID card, access to athletic events and access to the Andrews Osborne Wellness Center. The Clinical Adjunct Appointment is a one year appointment and is renewable at the discretion of the Dean of Natural Sciences and Mathematics and VPAA. Applicants are expected to maintain a current CV on file with LEC.

**Additional requested information is located on the back of this form.**

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Director, Physician Assistant Program

\_\_\_\_\_  
Dean of Natural Sciences and Mathematics

\_\_\_\_\_  
Vice President of Academic Affairs

## PA Clinical Adjunct Faculty Information Sheet

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. Optional \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ (work)

Telephone (\_\_\_\_\_) \_\_\_\_\_ (cell)

Any previous affiliation with Lake Erie College? (Student, Adjunct, PD, etc.) \_\_\_\_\_

Employer \_\_\_\_\_

**The following questions are solely for Federal reporting purposes.**

**Citizenship:** *(Select one)*

- ☐ I am a U.S. Citizen
- ☐ I am a Legal Permanent Resident
- ☐ I am a Nonresident Alien

If not a U.S. Citizen, then citizen of \_\_\_\_\_

Visa Type \_\_\_\_\_ Visa # \_\_\_\_\_

**Ethnicity:** *(Select one)*

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

**Race:** *(Select one or more)*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

**Gender:** *(Select one)*

- ☐ Male
- ☐ Female