



LAKE ERIE
COLLEGE

Lake Erie College
Clinical Adjunct Faculty Application Form

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Clinical Coordinator Contact:

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Painesville, OH 44077
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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

Please fill out the reverse side of this form.

1-20-22

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