



# NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

## School of Medicine

Office of Faculty Affairs

### Personal Information Form

Name \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

Preferred Mailing Address (Please indicate)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone Number

\_\_\_\_\_ (Please indicate)

Preferred Email Address: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_

**Are you now, or have you ever been, the subject of a professional conduct inquiry, investigation or proceeding?**

*If yes, please attach a complete explanation and return with this document to your NYMC chair.*

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I certify to the best of my knowledge that the information provided above is true.

\_\_\_\_\_  
*Signature of Prospective NYMC SOM Faculty Member*

\_\_\_\_\_  
*Date*

Please return this document with a copy of your NYMC SOM formatted Curriculum Vitae to your Department Chair.