

**AFFILIATE FACULTY  
AFFIDAVIT AND ACKNOWLEDGMENT OF POLICIES**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
(print) (print)

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**AFFIDAVIT FOR ALL FACULTY:**

I authorize Mount Sinai to consult with individuals at other institutions with which I have been associated, and with any others who may have information concerning my competence, character and ethical qualifications. I also authorize Mount Sinai to inspect any and all records and documents which may be material to this application. I authorize Mount Sinai to conduct any and all verifications as permitted by federal, state and municipal codes and regulations. I agree to follow Mount Sinai policies with respect to a drug-free workplace and I affirm that I do not use unprescribed controlled substances and/or any illegal substances. I further agree to abide by all Mount Sinai rules and regulations, including those contained in the Faculty Handbook, on-line at <http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/faculty-handbook>.

**I acknowledge that I have read and accept all conditions described above.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**AMENDED OATH OF ALLEGIANCE**

The New York State Education Law requires **citizens of the United States** who are faculty members of educational institutions to take an oath to support the Federal and State Constitutions. The oath, which Mount Sinai faculty are asked to sign as a condition for appointment, is as follow:

“I do hereby pledge or affirm and declare that I will support the Constitution of the United States of America and the Constitution of the State of New York, and that I will faithfully discharge my duties as a member of the faculty of The Mount Sinai School of Medicine according to the best of my ability.”

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

