AFFILIATE FACULTY
AFFIDAVIT AND ACKNOWLEDGMENT OF POLICIES

LAST NAME ______________________  FIRST NAME ______________________
(print)                         (print)

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______________

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______________

Rev. 6/10