

HARVARD APPOINTMENTS & PROMOTIONS TO INSTRUCTOR

Complete the checklist and submit the information below to **Dr. Ken McIntosh**, Chair, Instructor Committee, Kenneth.McIntosh@childrens.harvard.edu and HMSDOP@childrens.harvard.edu. This must be submitted as **one complete PDF** (File naming format: "Lname, Fname.Instructor") in the order of the list.

- ___ Proposing letter from Division Chief, see template included. Make sure to update all information and change correct he/she formatting. Do not send to Gary Fleisher for signature. It will be signed after it is approved through the CAAP.
- ___ Current CV **in Harvard format**. Past and future teaching must be addressed in CV. The CV must have a narrative. Instructions on HMS CV can be found here: <https://fa.hms.harvard.edu/faculty-medicine-cv-guidelines>
- ___ Faculty Profile Form – You must complete all information requested and sign the form. Form can be found here: https://fa.hms.harvard.edu/files/hmsofa/files/faculty_profile_form.nov2018.pdf
- ___ 2 support letters (addressed to Division Chief or Dr. Fleisher)

For a first appointment (new hire, not being promoted from a fellow) to instructor:

- ___ Search Committee Report: See attached checklist. A copy of at least one published/posted advertisement showing it ran for at least 30 days. Long and short list of candidates must be identified and include a narrative explanation of the search process noting both the reasons for selection and rejection of candidates on the short list provided. The table noting aggregate data must be included in the report: https://fa.hms.harvard.edu/files/hmsofa/files/materials_required_for_search_candidate_appointment_as_inst_asst_assoc_checklist.may2018.pdf?m=1526306413

Dr. McIntosh will review each application, make recommendations and send them to the Department of Pediatrics to be put on the agenda for the next Committee on Academic Appointments and Promotions Meeting. Upon approval, the packet will be forwarded to Harvard Medical School for final approval.

Applications that are **incomplete, or in which the CV is not in the Harvard format**, will be returned to the Division.

All Instructor appointments will need to be renewed annually on 6/30, with the exception of appointments with a start date after 1/1, they will renew the following 6/30. This date should be adjusted in the proposing letter.

Levels of work commitment are defined as: **anyone equal to or greater than 4 days per week at a HMS affiliated hospital*** will be considered full time (one of those days can be at a community site), anyone that is greater than 1 day**** but less than 4 days at a HMS affiliated hospital will have "Part Time" after the title.** If they spend less than 1 day at a HMS Hospital but do at least 50 hours per year of HMS teaching, their appointment will not qualify for an Instructor but would qualify for a Lecturer. (Asterisks are defined on page 2)

Return this checklist with the packet of information. All information must be completed.

Applicant Name: _____ Mentor: _____

Local Home Address: _____

Work Address: _____ Full Time/Part Time: _____

Hospital Appointment: _____ Degree Verified: _____

Requested Appointment Start Date: _____ (Should be official start date)

For New Appointments: Minority Classification: _____ Male/Female: _____
(American Indian/Alaska Native, Asian, Black or African American, Hispanic/Latino, Native Hawaiian/Pacific Islander, White)

Applicant Social Security Number: _____ Date of Birth: _____

BCH Email (must be a ".harvard.edu" email): _____

SUBMITTED BY: _____ DATE SUBMITTED: _____

CONTACT TELEPHONE: _____ DIVISION: _____

Asterisk Definitions:

*HMS teaching consists of HMS students and residents, fellows and faculty at a HMS affiliated Hospital.

**Mentors - Expectations of the Division: The Division agrees to provide the instructor mentorship represented by, at a minimum, the identification of a faculty mentor for the instructor and an annual career conference at which expectations for advancement in the Department will be addressed. The initial letter of appointment (Division Chief Letter) will note the name of the mentor and each reappointment will document the completion of an annual career conference. At five-year intervals, a detailed summary of the department's review of the instructor, including plans for career advancement, will be provided to the Dean.

*** HMS affiliated Hospital are BCH, BIDMC, BWH, DFCI, Joslin, MGH, ect. BCH owned facilities, such as Waltham, Martha Eliot, Lexington, Stetson and Peabody, are also included. Community Hospital sites are not included. Full-time faculty can count one day at a community site towards their 4 day minimum.

**** Must work at least one day per week (or equivalent of 48 days per year) on site at a HMS affiliated Hospital** or facility owned by the Hospital to have these appointments. One day is equal to 8 hours.

TEMPLATE for Instructor Appointment

(please copy and paste text below into your personal letterhead)

[DATE]

George Q. Daley, M.D., Ph.D.
Dean, Faculty of Medicine
Harvard Medical School
25 Shattuck Street
Gordon Hall, Suite 206
Boston, Massachusetts 02115

Dear Dean Daley:

I would like to recommend [CANDIDATE FIRST NAME MI LAST NAME, TITLE] to be nominated as Instructor of [DEPARTMENT NAME] at Harvard Medical School for the period of July 1, [YEAR] – June 30, [YEAR]. This appointment is in addition to Dr. [LAST NAME OF CANDIDATE]'s professional staff appointment at [HOSPITAL] as [HOSPITAL TITLE]. Dr. [LAST NAME OF CANDIDATE]'s will be working [NUMBER] days per week at [HOSPITAL].

Dr. [LAST NAME OF CANDIDATE] completed his/her Medical Degree [OR PHD DEGREE IF RESEARCH] at [INSTITUTION NAME] in [MONTH YEAR] and Internship and Residency at [INSTITUTION NAME] in [MONTH YEAR]. (AND/OR) S/he recently completed her/his [FELLOWSHIP NAME] Fellowship in [SPECIALITY] at [INSTITUTION NAME] in [MONTH, YEAR].

His/Her responsibilities will include (change accordingly, for example: teaching and supervision of medical students, residents and fellows on inpatient floors, clinics and courses, supervise students, fellows in labs, ect).

Dr. [CANDIDATE LAST NAME]'s mentor will be Dr. [MENTOR NAME] and s/he will comply with the [NAME OF YOUR HOSPITAL] Conflict of Interest policy.

I am delighted to recommend him/her without hesitation.

Thank you for your consideration in this matter.

Sincerely,

Gary Fleisher, MD
Egan Family Foundation Professor
Chair, Department of Pediatrics
Harvard Medical School
Physician-in-Chief, Pediatrician in Chief
Department of Pediatrics
Boston Children's Hospital

[Division Chief]
[HMS Title]
Harvard Medical School
[Division/Department Title]
Boston Children's Hospital



Faculty Profile Form

Initial Appointment to the Faculty of Medicine

Faculty Member Name: _____

Does the individual serve as trainee? Yes No

If Yes, please note that the trainee role must be terminated before this faculty appointment can be approved and indicate the name of the releasing department (preferred method is to include release/transfer eTAD in this same document):

Please check both boxes to confirm: Will teach Harvard learners
 Will teach at least 50 hours/year

Mentor Name: _____ Mentor HUID if available: _____

Work Location/Effort

Location Type	Primary (LOCPRI)	Secondary (LOCSEC)	Other (LOC01)	Other (LOC02)	Other (LOC03)
Location					
Days at Work Location (0.5 through 5.0)					

Verification Actions

Was the doctoral degree verified? Yes In Progress
 Was the individual credentialed by the primary affiliate? Yes In Progress
 Was the individual informed of HMS Faculty Policies? Yes In Progress

Note: Search Information must be included in packet (not required if individual currently has a non-faculty appointment at Harvard)

Statement on Integrity and Professionalism

This candidate is a faculty member in good standing with an appropriate hospital appointment and associated credentialing. To the best of my knowledge, other than as may be indicated herein, the candidate has not been sanctioned or disciplined by a hospital, state licensing board, the NIH, the FDA, or any other legal, regulatory, or institutional authority. There are no pending or closed investigations or other concerns known to me that raise questions about the candidate's integrity, professionalism, competence, interactions with colleagues, or the quality of the candidate's contributions as a member of the Faculty of Medicine of Harvard University.

Preparer: _____

Preparer Signature: _____ Date: _____
on behalf of Department Head

Updated November 2018



**Search Documentation Required for Appointment to
Instructor /Assistant and Associate Professor/Member of the Faculty
CHECKLIST**

- Narrative explanation of the search process
 - Including information on efforts to identify any female and minority candidates (through advertising or other outreach methods). Note both the reasons for selection and rejection of candidates on the short list.
- Example of at least one published/posted advertisement
 - Must be an actual photocopy of the ad directly from the journal or screenshot of the website posting.
 - In lieu of the above, the text of the ad and a receipt or email invoice proving payment could be accepted.
- Long list of candidates
 - Includes names of everyone who responded to an advertisement along with individuals recommended as candidates by others.
- Short list of candidates
- List of search committee members
 - Includes name, rank, and affiliation of search committee members.
- Table of aggregate data (sample below):

Please enter numbers only, no candidate names:

	Number of Total Candidates/Members	Total Women	Total URIM*
Short list of candidates			
Long list of candidates			
Search committee members			

**URIM=Black, Hispanic and Native American*

.....
For Use by OFA only:

Candidate Name:

Review Completed By:

Date:

Note to Department Administrator: Highlighted items above are missing; items marked with an X are complete.

Updated May 2018

Managed by the Office for Faculty Affairs

Harvard Medical School | Gordon Hall, Suite 206 | 25 Shattuck Street, Boston, Massachusetts 02115