

HARVARD APPOINTMENTS FOR VISITING FACULTY (Not for Visiting Students/Fellows)

For Visiting appointments to Harvard Medical School, email **one complete PDF** file to HMSDOP@childrens.harvard.edu. Do not separate each item. File naming format: Last name, first name.visiting. File should be in the order of the checklist.

- Proposing letter from Division Chief, including a signature line for Gary Fleisher, MD, addressed to Dean George Q. Daley, MD, PhD. Do not send to Gary Fleisher for signature. It will be signed after it is approved through the CAAP.
- Current CV in Harvard format. Instructions on HMS CV can be found here: <https://fa.hms.harvard.edu/faculty-medicine-cv-guidelines>
- 2 support letters (addressed to Division Chief or Dr. Fleisher)
- Funding source

A visiting appointment title must coincide with the title that the applicant holds at their home institution (so if the applicant is an Assistant Professor then their HMS appointment would be Visiting Assistant Professor). Their home institution appointment must be shown on their CV. Visiting appointments are good for one year and may be renewed for an additional year.

The packet will be presented to the Committee on Academic Appointments and Promotions. Upon approval we will then submit to the Harvard Medical School and the Harvard University Governing Board for final approval.

ALL INFORMATION ON THIS FORM MUST BE COMPLETED INCOMPLETE PACKETS WILL BE RETURNED TO THE DIVISION

Applicant Name: _____

Visiting Appointment Title: _____

Hospital Appointment: _____ Degree Verified: _____

Requested Appointment Start Date: _____ End Date: _____
(Should be official start date) (no longer than one year)

Local Home Address: _____

Work Address: _____

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

Applicant Social Security Number: _____ Date of Birth: _____

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

SUBMITTED BY: _____ DATE SUBMITTED: _____

CONTACT TELEPHONE: _____ DIVISION: _____