

# HARVARD APPOINTMENTS & PROMOTIONS TO LECTURER

Include this checklist with the packet of information

For Harvard appointments and promotions to Lecturer in Pediatrics (to be reappointed annually), email **one complete PDF file** to [HMSDOP@childrens.harvard.edu](mailto:HMSDOP@childrens.harvard.edu). Do not separate each item. File naming format: Last name, first name.lecturer. File should be in the order of the checklist.

\_\_\_\_\_ Proposing letter from Division Chief, see template included. Make sure to update all information and change correct he/she formatting. End date will always be the following 6/30, except if the start date is on or after 1/1, the end date will be 6/30 of the following year. Do not send to Gary Fleisher for signature. The letter will be signed after it is approved at the CAAP.

\_\_\_\_\_ Current CV in Harvard format. Instructions on HMS CV can be found here:  
<https://fa.hms.harvard.edu/faculty-medicine-cv-guidelines>

\_\_\_\_\_ Faculty Profile form: [https://fa.hms.harvard.edu/files/hmsofa/files/faculty\\_profile\\_form.nov2018.pdf](https://fa.hms.harvard.edu/files/hmsofa/files/faculty_profile_form.nov2018.pdf)

\_\_\_\_\_ 2 support letters addressed to Division Chief or Dr. Fleisher.

The proposed appointment will be presented to the next Committee on Academic Appointments and Promotions Meeting. Upon approval from the Committee on Academic Appointments and Promotions, the Committee will then submit its recommendations 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: \_\_\_\_\_ Mentor: \_\_\_\_\_

Hospital Appointment: \_\_\_\_\_ Degree Verified: \_\_\_\_\_

Requested Appointment Start Date: \_\_\_\_\_ FT or PT: \_\_\_\_\_  
(Should be official start date)

Local Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

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

### **For New Appointments:**

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: \_\_\_\_\_

## Department Head Letter for Initial Lecturer Appointment TEMPLATE

(please delete the header then copy and paste text below into division chief's letterhead)

[DATE]

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

Dear Dean Daley:

I would like to recommend [CANDIDATE FIRST NAME MI LAST NAME, TITLE] to be nominated as [LECTURER – INDICATE, PART-TIME IF APPLICABLE] of Pediatrics 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 clinical professional staff appointment as [HOSPITAL TITLE]. Dr. [LAST NAME OF CANDIDATE]'s will be working clinically [NUMBER] days a week at [HOSPITAL].

Dr. [LAST NAME OF CANDIDATE] completed his/her Medical Degree at [INSTITUTION NAME] on June [YEAR] and clinical Internship and Residency at [INSTITUTION NAME] in June [YEAR]. S/he recently completed her/his [FELLOWSHIP NAME] Fellowship within our department in June [YEAR].

His/Her responsibilities will include (change accordingly, for example: teaching and supervision of residents and fellows in training and teach Harvard Medical student rotations in the operating rooms and outpatient sites at our hospital).

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.

[STATEMENT ON INTEGRITY AND PROFESSIONALISM (required for this letter)]

To the best of the appointing department's knowledge, this individual 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 current investigations or other concerns known to us that raise questions about his/her integrity, professionalism, competence, or the potential quality of his/her future contributions as a member of the Harvard University Faculty of Medicine.

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  
Harvard Medical School  
Physician-in-Chief, Pediatrician-in-Chief  
and Chairman  
Department of Pediatrics, Boston Children's Hospital

[Division Chief Signature Line]