

## Academic Profile Form

Department administrators should use this form to request a new or modified academic appointment on the HMS Quad, HSDM or in an Affiliate Hospital for all Faculty appointments and Other Academics (e.g., fellows, research associates, teaching associates), including:

- An initial appointment as Faculty or Other Academic
- A reclassification from Other Academic to Faculty or vice versa
- Transitioning from part-time to full-time or full-time to part-time

Please refer to the [Faculty Handbook](#) for definitions of appointment types. Complete all relevant sections below and submit with other [required documentation](#), as appropriate.

### SEARCH DOCUMENTATION:

- Documentation of a national search is required for all new full-time ladder faculty appointments, including Instructor and Member of the Faculty, as well as conversion of part-time ladder appointments to full-time, unless a [search exception](#) has been granted.
  - Search documentation is not required for Lecturers, part-time ladder faculty below the rank of Professor, and Other Academics.
  - All appointments requiring searches should be submitted to the appropriate portal, including the [Faculty Search Portal](#) (for all affiliate-based searches) or [ARleS](#) (for HSDM or Quad-based searches).

1. Does the requested faculty appointment require a search? Yes No

1a. Please provide search portal ID to access completed End-Of-Search Report:

2. Does the appointee qualify for a search exception? Yes No

2a. If yes, please describe the exception criterion:

### APPOINTEE INFORMATION:

Name: Last

First:

Middle:

Date of Birth:

Harvard ID (if assigned)

Primary Degree

Degree #2

Degree #3

Appointing Institution:

Primary Work Location  
(If different from Appointing Institution)

Title/Role at Appointing Institution



Proposed Harvard Appointment:

Proposed Rank/Appointment Type	Department	Institution

Proposed Academic

Full-time (works at least 4 days per week at HMS, HSDM or a primary affiliate of HMS)

Part-time (works at least 1, but less than 4, days per week at HMS, HSDM or a primary affiliate of HMS)

Anticipated Start Date:	Anticipated End Date:	Supervisor

#### WORK LOCATION/EFFORT OF PROPOSED APPOINTMENT:

- Include breakdown of all professional activities that comprise **at least 0.5 days/week in overall effort**, including clinical, teaching, and research roles at Harvard affiliates; clinical or teaching roles at outside institutions; and/or roles at non-profit or for-profit organizations, including private practice clinical work.
  - For more information on outside activities, see the [Faculty of Medicine COI Policy](#).
  - Please note that individuals who hold Executive Positions in a for-profit business are [not eligible for ladder faculty appointments](#).

	Example:	Primary Location (LOCPRI)	Secondary Location (LOCSEC)	Other (LOC01)	Other (LOC02)
<b>Location Type</b> (e.g., HMS, <a href="#">Affiliate</a> , satellite site, offsite location)	Affiliate				
<b>Institution or organization</b> (Include City and State)	BCH (Boston, MA)				
<b>Days at Work Location</b> (0.5 through 5.0)	5.0				
<b>Position Title</b>	Assistant Physician				

#### APPOINTMENT RATIONALE AND VERIFICATION:

*Please include a short narrative describing the overall rationale for granting a Harvard appointment, including contributions the appointee will make to Harvard and/or its affiliated institutions:*

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**Verification Actions:**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Does the appointee hold academic appointments outside Harvard University?            | Yes | No |     |
| If yes, are these voting appointments?  | Yes | No |     |
| 2. Has the appointee's professional degree been verified?                               | Yes | No |     |
| 3. Has the appointee been clinically credentialed by a Harvard-affiliated hospital?     | Yes | No | N/A |
| 4. Has the appointee been provided HU and HMS <a href="#">Policies, linked here</a> ?   | Yes | No |     |
| 5. Does the appointee require a Visa?<br>If yes, please fill out Visa information below | Yes | No |     |

Visa Type (e.g., H-1B, J-1, TN)	Institutional Sponsor (e.g., MGH, Harvard, other)	Start Date of work authorization	End Date of work authorization	Number (e.g., case number, DS-2019 number)

**FOR FACULTY APPOINTMENTS ONLY:**

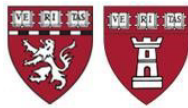
- |   |     |    |  |
|---|-----|----|--|
| 1. Does the appointee currently serve as a trainee? | Yes | No |  |
|---|-----|----|--|

*If yes, please note that the trainee role must be terminated before this faculty appointment can be approved. Please include release/transfer eTAD in this same document or indicate in the field below that this action has already been completed.*

- |   |     |    |     |
|---|-----|----|-----|
| 2. Has the appointee's training role been terminated? | Yes | No | N/A |
|---|-----|----|-----|

**Report of Anticipated Teaching:**

Please describe the appointee's anticipated teaching of Harvard learners during the faculty appointment, being sure to confirm that the incoming faculty will teach a preponderance of Harvard learners for >50 hours per year based on the requirements outlined in section [4.2.2 of the Faculty of Medicine Handbook](#).



### Training and Appointment History:

- Please note that the Faculty of Medicine formatted CV is **no longer required at initial submission** for annual faculty appointments. However, you are asked to provide the information requested below from the most current CV and attach the most current CV to this form (**in any format**). A full CV in Faculty of Medicine format will be required prior to reappointment using the [CV Generator](#).

### Education:

- List all degree programs beginning with college; may also include courses of study at institutions of higher learning of at least one year in duration. Only include actual degrees, not the US equivalents

Month/Year(s)	Degrees (Honors)	Fields of Study	Institution

### Postdoctoral Training: *Include internships, residencies, and clinical and research fellowships*

Month/Year(s)	Title	Specialty/Discipline	Institution

### Faculty Academic Appointments:

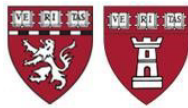
- Include appointments conferred by Harvard or another academic institution, e.g., Instructor, Assistant Professor, Associate Professor, Professor, Endowed Associate or Full Professor, and Lecturer
- Do not include title of appointment being requested

Year(s)	Academic Title	Department	Academic Institution

### Appointments at Hospitals/Affiliated Institutions:

- List all appointments held at hospitals, clinical sites, and other institutions, whether or not affiliated with Harvard. Every Harvard faculty member based at a hospital should have a hospital title.

Year(s)	Position Title	Department (Division, if applicable)	Institution



**FOR OTHER ACADEMIC APPOINTMENTS ONLY: (e.g., fellows, research and teaching associates, etc):**

- Please submit directly in Peoplesoft, the most recent version of the individual's CV (**in any format**). Appointees do not need to prepare a CV in the Harvard Faculty of Medicine format.

**Description of HMS/HSDM Work/Project:**

Please describe the work that will be performed during the appointment, including the direct responsibilities of the appointee. (2 to 3 sentences)

**SIGNATURE**

This form should be prepared and signed by an authorized departmental administrator who can attest to the validity of all data contained herein.

<b>Authorized Preparer Name:</b>		<b>Date:</b>	
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<b>Authorized Preparer Signature:</b>		<b>Date:</b>	
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