



Icahn  
School of  
Medicine at  
Mount  
Sinai

**APPOINTMENTS, PROMOTION, AND TENURE OFFICE**  
**PROCESSING FORM FOR JUNIOR CANDIDATES/ FACULTY**

**BACKGROUND INFORMATION**

First Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Last Name: \_\_\_\_\_ Life Number: \_\_\_\_\_

Current Email: \_\_\_\_\_ MSHS Email: \_\_\_\_\_

Credentialed Hospital(s): \_\_\_\_\_

Practice Site(s): \_\_\_\_\_

**NEW APPOINTMENT OR PROMOTION (can ONLY be used for Junior transactions)**

**Appointment**

**Promotion**

Primary Department: \_\_\_\_\_ Division: \_\_\_\_\_

Secondary Department(s): \_\_\_\_\_

Joint Department: \_\_\_\_\_

Proposed Rank: \_\_\_\_\_ Proposed Track: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Term Length: \_\_\_\_\_ Status: \_\_\_\_\_

*\*This form cannot be used for Investigator Track Junior Faculty, which will continue to require a Chair Statement.*

1. Does this individual currently hold an academic appointment at another institution?  Yes  No

*If yes, list the rank and institution(s): \_\_\_\_\_  
(required for Adjunct)*

2. Is there an executed offer letter from the Dean's Office outlining this appointment/ promotion?  Yes  No

*If No, have you received written approval from Shema Patel?  Yes  No*

*If No, provide a brief justification:*

**Approvals**

Chief/ Supervisor/ Affiliate Chair

\_\_\_\_\_  
Date

ISMMS Academic Department Chair

\_\_\_\_\_  
Date

Form prepared by: \_\_\_\_\_ Department: \_\_\_\_\_