

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

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 DOM System Chief Date

DOM Site Chair/ Chief Date DOM System Chair Date

Form prepared by: _____ Department: _____