# Sample Communication for Collecting Reappointment Data TEMPLATE

***SAMPLE COMMUNICATION TO INSTRUCTORS***

[DATE]

Dear [FACULTY MEMBER NAME],   
  
As you know, this year’s review of your faculty appointment at Harvard Medical School is subject to verification of your contributions towards training or educating Harvard learners and requires that we identify the faculty mentor and the date of your annual career conference.

This will enable us to renew your appointment this July, [YEAR].

|  |  |
| --- | --- |
| Date of Annual Career Conference [MM/DD/YYYY] |  |
| Faculty Mentor Name [LAST NAME, FIRST MIDDLE] |  |

Teaching Activities Scheduled for the Period 7/1/xx– 6/30/xx

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours Teaching Students in Courses | Hours Formal Teaching Residents, Fellows, Post-Docs | Hours Clinical Supervision and Training | Hours Laboratory and Other Research Supervision and Training | Hours Formal Teaching of Peers (eg, CME) | Hours of Local Invited Presentation(s) | Hours  Mentoring  Trainees and Peers | Hours  Edu Admin and Service |
|  |  |  |  |  |  |  |  |

Thank you for your prompt attention to this request.

***SAMPLE COMMUNICATION TO LECTURERS***

[DATE]

Dear [FACULTY MEMBER NAME],  
  
As you know, this year’s review of your faculty appointment at Harvard Medical School is subject to verification of your contributions towards training or educating Harvard learners.

This will enable us to renew your appointment this July, [YEAR].

Teaching Activities Scheduled for the Period 7/1/[YEAR] – 6/30/[YEAR]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours Teaching Students in Courses | Hours Formal Teaching Residents, Fellows, Post-Docs | Hours Clinical Supervision and Training | Hours Laboratory and Other Research Supervision and Training | Hours Formal Teaching of Peers (eg, CME) | Hours of Local Invited Presentation(s) | Hours  Mentoring  Trainees and Peers | Hours  Edu Admin and Service |
|  |  |  |  |  |  |  |  |

Thank you for your prompt attention to this request.

***SAMPLE COMMUNICATION TO ASSISTANT AND ASSOCIATE PROFESSORS UP FOR REAPPOINTMENT***

[DATE]

Dear [FACULTY MEMBER NAME],  
  
We write to remind you that we will be working to renew your HMS faculty appointment in the coming year. Towards this end, we will be preparing supporting documentation, which must include some of the following data. It would be helpful if you could submit the following information to our office no later than [DATE].

Information regarding your most recent meeting with you faculty mentor.

|  |  |
| --- | --- |
| Date of Most Recent Career Conference [MM/DD/YYYY] |  |
| Faculty Mentor Name [LAST NAME, FIRST MIDDLE] |  |

Teaching Activities Scheduled for the Period 7/1/[YEAR] – 6/30/[YEAR]:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours Teaching Students in Courses | Hours Formal Teaching Residents, Fellows, Post-Docs | Hours Clinical Supervision and Training | Hours Laboratory and Other Research Supervision and Training | Hours Formal Teaching of Peers (eg, CME) | Hours of Local Invited Presentation(s) | Hours  Mentoring  Trainees and Peers | Hours  Edu Admin and Service |
|  |  |  |  |  |  |  |  |

In addition to this, please send us a copy of your **updated CV**.

Thank you for your prompt attention to this request.

***SAMPLE COMMUNICATION TO PART TIME PROFESSORS UP FOR REAPPOINTMENT***

[DATE]

Dear [FACULTY MEMBER NAME],  
  
We write to remind you that we will be working to renew your HMS faculty appointment in the coming year. Towards this end, we will be preparing supporting documentation, which must include some of the following data. It would be helpful if you could submit the following information to our office no later than [DATE].

Information regarding your most recent meeting with you faculty mentor.

|  |  |
| --- | --- |
| Date of Most Recent Career Conference [MM/DD/YYYY] |  |
| Faculty Mentor Name [LAST NAME, FIRST MIDDLE] |  |

Teaching Activities Scheduled for the Period 7/1/[YEAR] – 6/30/[YEAR]:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours Teaching Students in Courses | Hours Formal Teaching Residents, Fellows, Post-Docs | Hours Clinical Supervision and Training | Hours Laboratory and Other Research Supervision and Training | Hours Formal Teaching of Peers (eg, CME) | Hours of Local Invited Presentation(s) | Hours  Mentoring  Trainees and Peers | Hours  Edu Admin and Service |
|  |  |  |  |  |  |  |  |

In addition to this, please send us a copy of your **updated CV**. I will also be seeking three internal and three external letters on your behalf.

Thank you for your prompt attention to this request.