



Faculty Profile Form

Initial Appointment to the Faculty of Medicine

Faculty Member Name: _____

Does the individual serve as trainee? Yes No

If Yes, please note that the trainee role must be terminated before this faculty appointment can be approved and indicate the name of the releasing department (preferred method is to include release/transfer eTAD in this same document):

Please check both boxes to confirm: Will teach Harvard learners
 Will teach at least 50 hours/year

Mentor Name: _____ Mentor HUID if available: _____

Work Location/Effort

Location Type	Primary (LOCPRI)	Secondary (LOCSEC)	Other (LOC01)	Other (LOC02)	Other (LOC03)
Location					
Days at Work Location (0.5 through 5.0)					

Verification Actions

Was the doctoral degree verified? Yes In Progress
 Was the individual credentialed by the primary affiliate? Yes In Progress
 Was the individual informed of HMS Faculty Policies? Yes In Progress

Note: Search Information must be included in packet (not required if individual currently has a non-faculty appointment at Harvard)

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.

Preparer: _____

Preparer Signature: _____ Date: _____

Updated November 2016