# Department Head GCHAC Review Letter TEMPLATE

*Recommended length: 3-4 pages*

*Before submitting materials for this review, please compare all information entered below with the candidate’s CV and resolve any discrepancies between the two documents.*

# Please copy and paste text below, excluding headers and footers, into your personal letterhead.

# When ready, submit a scanned pdf copy.

[DATE]

George Q. Daley, MD, PhD

Dean of the Faculty of Medicine

c/o Office for Faculty Affairs

Harvard Medical School

Gordon Hall, Suite 206

25 Shattuck Street

Boston, Massachusetts 02115

**Global and Community Health Appointments Committee re: [FULL NAME AND DEGREE/S OF CANDIDATE]**

Dear Dean [NAME],

**INTRODUCTORY PARAGRAPH** *(select one of the following 3 paragraphs)*

*(INITIAL REQUEST – promotion)*

I write regarding [FULL NAME AND DEGREE/S OF CANDIDATE], who I am nominating for promotion from [RANK AND DEPARTMENT OF EXISTING APPOINTMENT] full-time/part-time to [RANK AND DEPARTMENT OF PROPOSED APPOINTMENT] full-time/part-time, in the Faculty of Medicine. As a first step in this process, I request that s/he be granted a global and community health exception for this FT/PT appointment. The information below is provided in support of this request along with Dr.[CANDIDATE’S LAST NAME]CV.

*(INITIAL REQUEST – first faculty appointment)*

I write regarding [FULL NAME AND DEGREE/S OF CANDIDATE], who I am nominating for an appointment as [RANK AND DEPARTMENT OF PROPOSED APPOINTMENT] full-time/part-time, in the Faculty of Medicine. As a first step in this process, I request that s/he be granted a global and community health exception for this FT/PT appointment. The information below is provided in support of this request along with Dr. [CANDIDATE’S LAST NAME] CV.

*(REQUEST FOR A RENEWAL)*

I write regarding [FULL NAME AND DEGREE/S OF CANDIDATE], who received an exception for a full-time/part-time ladder faculty appointment in the Faculty of Medicine in 20XX. At this time, I request that this exception be renewed for an additional year. The information below is provided in support of this request, along with Dr. [CANDIDATE’S LAST NAME] CV.

*(PLEASE ADDRESS THE TOPICS BELOW, REPLACING THE ITALICIZED TEXT WITH RESPONSES)*

**NATURE OF OFF-SITE ACTIVITIES AND HOW THEY RELATE TO THE HMS MISSION**

*Describe the type of activity done off site (research/clinical/educational), the location of the work, how the work is supported financially, why it cannot be done on site, and how it relates to the HMS/HSDM mission.*

**PARTICIPATION IN AN OFF-SITE PROGRAM ORGANIZED BY OR ASSOCIATED WITH THE HOME INSTITUTION**

*Briefly describe the program, if applicable, including the duration of the relationship between it and the home institution and its history as a teaching entity. If the candidate is pursuing academic activities independent of such a program, please state that instead.*

**NATURE OF ON-SITE ACTIVITIES**

*Briefly describe the type of activities (research/clinical/teaching/administration) conducted by the candidate while on-site.*

**DISTRIBUTION OF EFFORT AT ALL ENTITIES**

*Please describe how the candidate will divide his/her time over the coming year. If the candidate spends any time working for an “affiliate of an affiliate” (e.g. Newton-Wellesley Hospital or Partners in Health), or an outside entity, please document that as well, regardless of whether that work is performed locally or offsite. A quantifiable measurement of activities should be provided, e.g. the number of weeks/months per year.*

* *time spent working for HMS/HSDM or their primary affiliate*
* *time spent locally working for an affiliate of an affiliate, if applicable*
* *time spent locally working for an outside entity, if applicable*
* *time spent in a global or community health setting*
  + *fraction of that time spent on academic activities associated with the HMS/HSDM affiliate at which they are based*
  + *fraction of that time spent working for an affiliate of an affiliate, if applicable*
  + *fraction of that time spent working for an outside entity, if applicable*

**HARVARD TEACHING ROLE**

*Describe and quantify teaching of Harvard trainees and colleagues over the coming year, both on site and off site (if this is a first request) or over the last 12 months and coming year (if this request is a renewal). The reviewers should be able to ascertain where the teaching is occurring, who is being taught, and how much time is spent on this activity.*

**EXPECTED DURATION OF ACTIVITIES ABROAD**

*If the duration of activities is unknown, please provide whatever information is currently available, e.g. “at least three years”.*

**SOURCE(S) OF SALARY**

*Please list all organizations that are sources of salary support. If there is more than one source of support, please provide a breakdown among the different entities.*

**INSTITUTION MANAGING CANDIDATE’S GRANTS**

*Alternatively, if the candidate is not supported by one or more grants, please indicate that.*

**ACADEMIC AFFILIATIONS OR TITLES OTHER THAN AT HARVARD**

*Alternatively, if the candidate does not hold any titles or affiliations elsewhere, please indicate that.*

**INDIVIDUAL RESPONSIBLE FOR OVERSIGHT/MENTORSHIP OF FACULTY MEMBER**

*Provide the name(s) of the faculty member(s) who will supervise/mentor the candidate while they are off site and what form that supervision/mentorship will take (e.g. bi-weekly Skype communication).*

**STATEMENT ON INTEGRITY AND PROFESSIONALISM**

This candidate is a faculty member in good standing with an appropriate hospital appointment and associated credentialing. To the best of my knowledge, other than as may be indicated herein, the candidate 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 pending or closed investigations or other concerns known to me that raise questions about the candidate’s integrity, professionalism, competence, interactions with colleagues, or the quality of the candidate’s contributions as a member of the Faculty of Medicine of Harvard University.

**SUMMARY**

*(SELECT ONE OF THE FOLLOWING TWO PARAGRAPHS)*

*If the request is for a full-time appointment, please also include language articulating what the risk would be to the candidate if a part-time appointment is approved instead.*

*(INITIAL REQUEST- promotion or first faculty appointment)*

I believe that Dr. [CANDIDATE’S LAST NAME] activities warrant a global and community health exception, enabling her/him to be eligible for a FT/PT ladder appointment in the Faculty of Medicine. Please contact me for any questions related to this matter.

*(REQUEST FOR A RENEWAL)*

I believe that Dr. [CANDIDATE’S LAST NAME] activities warrant an extension of her/his global and community health exception, enabling her/him to continue holding a FT/PT ladder appointment in the Faculty of Medicine. Please contact me for any questions related to this matter.

Thank you for your consideration.

**SIGNATURE OF THE NOMINATING DEPARTMENT HEAD**

*At the discretion of the appointing department head, the letter may be co-signed by the institutional department head, division chief, or other appropriate senior member of the department.*