



Academic Profile Form

Department administrators should use this form to request a new or modified academic appointment on the HMS Quad, HSDM or in an Affiliate Hospital for all Faculty appointments and Other Academics (e.g., fellows, research associates, teaching associates), including:

- An initial appointment as Faculty or Other Academic
- A reclassification from Other Academic to Faculty or vice versa
- Transitioning from part-time to full-time or full-time to part-time

Please refer to the [Faculty Handbook](#) for definitions of appointment types. Complete all relevant sections below and submit with other [required documentation](#), as appropriate.

SEARCH DOCUMENTATION:

- Documentation of a national search is required for all new full-time ladder faculty appointments, including Instructor and Member of the Faculty, as well as conversion of part-time ladder appointments to full-time, unless a [search exception](#) has been granted.
 - Search documentation is not required for Lecturers, part-time ladder faculty below the rank of Professor, and Other Academics.
 - All appointments requiring searches should be submitted to the appropriate portal, including the [Faculty Search Portal](#) (for all affiliate-based searches) or [ARleS](#) (for HSDM or Quad-based searches).

1. Does the requested faculty appointment require a search? Yes No

1a. Please provide search portal ID to access completed End-Of-Search Report:

2. Does the appointee qualify for a search exception? Yes No

2a. If yes, please describe the exception criterion:

APPOINTEE INFORMATION:

Name: Last

First:

Middle:

Date of Birth:

Harvard ID (if assigned)

Primary Degree

Degree #2

Degree #3

Appointing Institution:

Primary Work Location
(If different from Appointing Institution)

Title/Role at Appointing Institution



Proposed Harvard Appointment:

Proposed Rank/Appointment Type	Department	Institution

Proposed Academic

Full-time (works at least 4 days per week at HMS, HSDM or a primary affiliate of HMS)

Part-time (works at least 1, but less than 4, days per week at HMS, HSDM or a primary affiliate of HMS)

Anticipated Start Date:	Anticipated End Date:	Supervisor

WORK LOCATION/EFFORT OF PROPOSED APPOINTMENT:

- Include breakdown of all professional activities that comprise **at least 0.5 days/week in overall effort**, including clinical, teaching, and research roles at Harvard affiliates; clinical or teaching roles at outside institutions; and/or roles at non-profit or for-profit organizations, including private practice clinical work.
 - For more information on outside activities, see the [Faculty of Medicine COI Policy](#).
 - Please note that individuals who hold Executive Positions in a for-profit business are [not eligible for ladder faculty appointments](#).

	Example:	Primary Location	Secondary Location	Other Location	Other Location
Location Type (e.g., HMS, Affiliate , satellite site, offsite location)	Affiliate				
Institution or organization (Include Street Address City and State)	BCH (Boston, MA)				
Days at Work Location (0.5 through 5.0)	5.0				
Position Title	Assistant Physician				

APPOINTMENT RATIONALE AND VERIFICATION:

Please include a short narrative describing the overall rationale for granting a Harvard appointment, including contributions the appointee will make to Harvard and/or its affiliated institutions:



Verification Actions:

- | | | | |
|---|-----|----|-----|
| 1. Does the appointee hold academic appointments outside Harvard University? | Yes | No | |
| If yes, are these voting appointments? | Yes | No | |
| 2. Has the appointee's professional degree been verified? | Yes | No | |
| 3. Has the appointee been clinically credentialed by a Harvard-affiliated hospital? | Yes | No | N/A |
| 4. Has the appointee been provided HU and HMS Policies, linked here ? | Yes | No | |
| 5. Does the appointee require a Visa?
If yes, please fill out Visa information below | Yes | No | |

Visa Type (e.g., H-1B, J-1, TN)	Institutional Sponsor (e.g., MGH, Harvard, other)	Start Date of work authorization	End Date of work authorization	Number (e.g., case number, DS-2019 number)

FOR FACULTY APPOINTMENTS ONLY:

- | | | | |
|---|-----|----|--|
| 1. Does the appointee currently serve as a trainee? | Yes | No | |
|---|-----|----|--|

If yes, please note that the trainee role must be terminated before this faculty appointment can be approved. Please include release/transfer eTAD in this same document or indicate in the field below that this action has already been completed.

- | | | | |
|---|-----|----|-----|
| 2. Has the appointee's training role been terminated? | Yes | No | N/A |
|---|-----|----|-----|

Report of Anticipated Teaching:

Please describe the appointee's anticipated teaching of Harvard learners during the faculty appointment, being sure to confirm that the incoming faculty will teach a preponderance of Harvard learners for >50 hours per year based on the requirements outlined in section [4.2.2 of the Faculty of Medicine Handbook](#).



Training and Appointment History:

- Please note that the Faculty of Medicine formatted CV is **no longer required at initial submission** for annual faculty appointments. However, you are asked to provide the information requested below from the most current CV and attach the most current CV to this form (**in any format**).

Education:

- List all degree programs beginning with college that are relevant to the academic appointment being requested; may also include courses of study at institutions of higher learning of at least one year in duration. Only include actual degrees, not the US equivalents

Month/Year(s)	Degrees (Honors)	Fields of Study	Institution

Postdoctoral Training: *Include relevant internships, residencies, and clinical and research fellowships*

Month/Year(s)	Title	Specialty/Discipline	Institution

Faculty Academic Appointments:

- Include most recent appointments conferred by Harvard or another academic institution, e.g., Instructor, Assistant Professor, Associate Professor, Professor, Endowed Associate or Full Professor, and Lecturer
- Do not include title of appointment being requested

Year(s)	Academic Title	Department	Academic Institution

Appointments at Hospitals/Affiliated Institutions:

- List most recent appointments held at hospitals, clinical sites, and other institutions, whether or not affiliated with Harvard. Every Harvard faculty member based at a hospital should have a hospital title.

Year(s)	Position Title	Department (Division, if applicable)	Institution



FOR OTHER ACADEMIC APPOINTMENTS ONLY: (e.g., fellows, research and teaching associates, etc):

- Please submit directly in Peoplesoft, the most recent version of the individual's CV (**in any format**). Appointees do not need to prepare a CV in the Harvard Faculty of Medicine format.

Description of HMS/HSDM Work/Project for Other Academics :

Please describe the work that will be performed during the appointment, including the direct responsibilities of the appointee. (2 to 3 sentences)

Preparer

This form should be prepared by an authorized departmental administrator who can attest to the validity of all data contained herein. No Signature is required. Please type in preparer name.

Authorized

Preparer Name: _____ **Date:** _____