# Department Transfer Request Form

This form is to be used when a faculty member is transitioning from one appointing department to a different appointing department, whether or not the faculty member is staying within the same institution.

**What is the rationale for the change in department?**

**Was the candidate recruited to the new department as a result of a search?**

This candidate is a faculty member in good standing with an appropriate hospital, Basic Science or Social Science Department, and/or HSDM appointment and associated credentialing, as relevant. To the best of my knowledge, other than as may be indicated herein, the candidate has not been sanctioned or disciplined by a medical school or other institution of higher education, a hospital, a 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.

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Current Department Head Proposed New Department Head
*(signature and date required)* *(signature and date required)*