



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)

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.

Preparer: _____

Preparer Signature: _____ Date: _____
on behalf of Department Head