

# TRANSMITTAL SHEET FOR FACULTY APPOINTMENTS AND PROMOTIONS

(All Appointments Except Assistant Professor, Visiting Asst Professor, Adjunct Asst Professor and ASTP Faculty)

To: Dean, School of Medicine, Room 100, Medical Administration Building

I. REQUEST FOR APPOINTMENT	
<input type="checkbox"/> New Appointment <input type="checkbox"/> Promotion	
Name: _____ Social Security #: _____ Rank: _____ Date of Birth: _____	
Degrees: _____ (List highest degree(s) held) American, Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(A person of Cuban, Mexican, Puerto Rican, South or Central or other Spanish culture regardless of race)</small>	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female What is your racial origin? Choose one or more of the following: <input type="checkbox"/> American Indian Or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White	
II. TERMS OF APPOINTMENT (and visa information for non-citizens)	
Type of Appointment: <input type="checkbox"/> Primary Appointment <input type="checkbox"/> Secondary Appointment with Regular Faculty Rank <input type="checkbox"/> Interdepartmental Joint Appointment <input type="checkbox"/> Interdivisional Joint Appointment	
<input type="checkbox"/> Full Time <input type="checkbox"/> With Salary ---> Salary Source _____ <input type="checkbox"/> Limited Full Time <input type="checkbox"/> Without Salary <small>(Indicate-i.e. Dept. Med, BAY, KKI, etc.)</small> <input type="checkbox"/> Part Time ----> Will Department Bill for Services: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Period of Appointment: From <input style="width: 150px;" type="text"/> To <input style="width: 150px;" type="text"/>	
U.S. Citizen: Yes _____ No _____ If no, indicate citizenship: _____ If no, Visa Type: _____ Visa Sponsor: _____	
III. SUPPORTING DOCUMENTS INCLUDED: (as specified on reverse side)	
<input type="checkbox"/> Letter of Recommendation from Department Director <input type="checkbox"/> Curriculum Vitae and Bibliography* (SOM CV format: <a href="http://www.hopkinsmedicine.org/som/faculty/policies/silverbook/index.html">http://www.hopkinsmedicine.org/som/faculty/policies/silverbook/index.html</a> ) <input type="checkbox"/> Affirmative Action Report Form	

\_\_\_\_\_  
(Name of Department)

\_\_\_\_\_  
(Signature of Department Director)

\_\_\_\_\_  
(Division, if applicable)

\_\_\_\_\_  
(Date)

Office Use Only					
Appt. _____	Educ. _____	Demo. _____	RRC _____	Date _____	Comments _____

## Required Supporting Documents

Professor <small>(see www.insidehopkinsmedicine.org/professorialpromotions/index.cfm for additional information)</small>		Associate Professor	
Original + 20 sets	Letter of recommendation* from Department Director and Curriculum Vitae and Bibliography	Original + 15 sets	Letter of recommendation* from Department Director and Curriculum Vitae and Bibliography
1 copy	Citation Report	1 copy	List of Referees (12-15 referees)
4 copies	List of Referees (10 maximum)	1 set	2 to 4 recent reprints
4 sets	2 to 4 recent reprints	Email set	CV, Letter of recommendation, and List of Referees
Email set	CV, Letter of recommendation, and List of Referees	1 copy	Affirmative Action Report**
1 copy	Affirmative Action Report**	1 copy	Transmittal Sheet
1 copy	Transmittal Sheet	1 copy	PDF of Nomination Manager signed by department director and nominee
Assistant Professor, Visiting Assistant Professor Adjunct Assistant Professor		Instructor	
<i>See Assistant Professor Transmittal Sheet</i>		1 copy	Letter of recommendation* from Department Director
Visiting Professor, Adjunct Professor Visiting Associate Professor, Adjunct Associate Professor		2 copies	Curriculum Vitae and Bibliography
20 sets	Letter of Recommendation* from Department Director and Curriculum Vitae and Bibliography	1 copy	Affirmative Action Report**
1 copy	Transmittal Sheet	1 copy	Transmittal Sheet
Assistant, Lecturer, Research Associate, Visiting Scientist, Interdepartmental and Interdivisional Joint Appointments		Secondary Appointments to the Rank of: Professor, Associate Professor, Instructor, Assistant, Lecturer, and Research Associate	
1 copy	Letter of recommendation* from Department Director	1 copy	Letter of recommendation* from Department Director
2 copies	Curriculum Vitae and Bibliography	2 copies	Curriculum Vitae and Bibliography
1 copy	Affirmative Action Report**	1 copy	Transmittal Sheet
1 copy	Transmittal Sheet		

\* Letter of recommendation should contain a statement describing the background of the individual and the anticipated role of the individual in the activities of the Medical Institutions. In addition, for Professors and Associate Professors, the letter must include a summary of major grant support.

\*\* Refer to the "Guidelines for Completing the Affirmative Action Report for Faculty Appointments" to determine Affirmative Action requirements for new appointments.

+ Curriculum Vitae and Bibliography - please photocopy double-sided. No paperclips please.

### Race/Ethnic Categories

**Hispanic or Latino-** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**American Indian or Alaska Native-** a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian-** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Native Hawaiian or other Pacific Islander-** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Black or African American-** a person having origins in any of the black racial groups of Africa

**White-** a person having racial origins in any of the original peoples of Europe, the Middle East, or North Africa.