



Office of Academic Appointments

Jack and Pearl Resnick Campus  
 1300 Morris Park Avenue, Belfer Room 902  
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 Phone: 718.430.2844 / Fax: 718.430.8770  
 www.einsteinmed.edu/oa  
 academicappointments@einsteinmed.edu

Dean's Office Approval	
Signature _____	Date _____

**FACULTY PROMOTION DEPARTMENT RECOMMENDATION FORM**

Check One	<input type="checkbox"/> Primary Department	<input type="checkbox"/> Secondary Department	<input type="checkbox"/> All Academic Departments
Academic Promotion For (Name):			
Present Academic Title:	Status:	Track:	
Recommended Academic Title:	Status:	Track:	
Primary Department:	Division:		
Secondary Department:	Division:		
Tertiary Department:	Division:		
Recommended Effective Date:	Payroll Source:		
If part time, indicate average # of hours/week:			

<b>Home Address</b>			
Street:	City:	State:	Zip:
Country:	Phone:	E-mail:	
<b>Office Address</b>			
Institution:			
Building:	Room Number:		
Street:	City:	State:	Zip:
Country:	Phone:	Ext:	E-mail:

<b>American Board Certification Information</b>		
Primary Board Certification:	Certification Yr:	Re-Certification Yr:
Subspecialty Board Certification:	Certification Yr:	Re-Certification Yr:
Primary Board Certification:	Certification Yr:	Re-Certification Yr:
Subspecialty Board Certification:	Certification Yr:	Re-Certification Yr:

<b>Affiliated Hospital Appointments</b>		
Hospital:	Title:	Start Date:
Hospital:	Title:	Start Date:

<b>Recommended By</b>		
_____ Chair's Name (Primary Department)	_____ Signature	_____ Date
_____ Chair's Name (Secondary Department)	_____ Signature	_____ Date
_____ Chair's Name (Tertiary Department)	_____ Signature	_____ Date

**Please send this completed and signed Faculty Promotion Department Recommendation Form, along with the documents listed below to the Office of Academic Appointments, Belfer Building, Room #902:**

- A letter of recommendation from the departmental chair(s), stating that the recommendation has been reviewed by the departmental review committee
- A copy of the candidate's current curriculum vitae and bibliography
- A copy of the candidate's current New York State Medical License registration (if applicable)
- A copy of the candidate's American Board Certification Certificate(s) (if applicable)

***Under no circumstances should an individual use his or her proposed title until such title is approved in writing.***