



Office of Academic Appointments

Jack and Pearl Resnick Campus  
 1300 Morris Park Avenue, Belfer Room 902  
 Bronx, NY 10461  
 Phone: 718.430.2844  
 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>                        |                    |               |
| _____<br>Chair's Name (Primary Department)   | _____<br>Signature | _____<br>Date |
| _____<br>Chair's Name (Secondary Department) | _____<br>Signature | _____<br>Date |
| _____<br>Chair's Name (Tertiary Department)  | _____<br>Signature | _____<br>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.***