UNIVERSITY OF PENNSYLVANIA

SCHOOL OF MEDICINE

Request to Recruit Form at CHOP

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| Department: **PEDIATRICS**  Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chair Date | | CHOP Position Control #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CONTACT NAME:  PHONE # FAX # |
| **Final Package check list**  \_\_\_\_ candidate’s CV (all)  \_\_\_\_ CHOPPA/RAC REPORT (if applicable)  \_\_\_\_ draft offer letter (all) | | | |
| Clinical Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Candidate Name if Applicable: \_\_\_ \_\_\_ PLEASE CHECK: ON-SITE OFF SITE** | | |

**Reason for Appointment:**

Replacement: Name: \_\_**\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Position: If New position, please specify reason: **\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| New Program | New Location | Expanded volume | Other Expanded research |

**Departmental Plan:**

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| Clinical : \_\_\_\_\_ % | Research: \_\_\_\_\_\_\_ % | Education: \_\_\_\_\_\_\_% | Administrative/Other: \_\_\_\_\_\_\_\_\_% |

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| 1. Primary Site of Practice: | | CHOP - Main | | |
| 1. Brief Description of **Clinical** Responsibilities:   (including a brief narrative of any new or expanded program) | |  | | |
| * Brief Description of **Academic** Responsibilities (Research and Education): | |  | | |
| 1. Brief Description of **Administrative / Other** Duties: | |  | | |
| **Approval:** | |  | | |
| **CHOPPA Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CHOPPA Chair Date  **CPUP Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Associate Executive Director-CPUP Date  **Dean’s Approval:**  approved not approved  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Executive Vice President/Dean Date | | |  | |

**University of Pennsylvania School of Medicine**

**Request to Recruit – Section II**

**Position Description**

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| Department: \_\_\_\_**Pediatrics**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Division : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administrative Position (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location (name of facility)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clinical Practice location (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_On-site (HUP, CHOP, PAH)  \_\_\_\_\_Off-Site (All Others)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Proposed Rank or Position: (check one)**

**Faculty:**

**Tenure Track Clinician Educator Track Research Track**

\_ Assistant Professor \_\_ Assistant Professor CE \_\_ Assistant Professor

\_\_ Associate Professor \_\_ Associate Professor CE \_\_ Associate Professor

\_\_ Professor \_\_ Professor CE \_\_ Professor

List members of search committee (required for all faculty searches):

**Other Positions:**

**Academic Clinician (Associated Faculty):**

**\_\_** Assistant Professor of Clinical Pediatrics

\_\_ Associate Professor of Clinical Pediatrics

\_\_ Professor of Clinical Pediatrics

**Academic Support Staff:**

**\_\_** Instructor A

\_\_ Lecturer A

\_\_ Research Associate

**Penn Medicine Clinician**

**With Clinical Appointment:**

\_\_ Clinical Associate

\_\_ Clinical Assistant Professor

\_\_ Clinical Associate Professor

\_\_ Clinical Professor