An invitation letter is required for each Clinician Educator (Affiliated) action. No appointment letter will be forthcoming from the Office of Academic Affairs.

Instructions for filling in details included in the invitation letter are in [highlighted brackets].

Modifications from the template require prior approval from the Office of Academic Affairs.

[Date]

[Name]

[Address]

[City, State, Zip]

Dear [Name]:

[I am/We are] pleased to offer you, subject to review and approval of the School of Medicine, an appointment as [rank] (Affiliated) in the Clinician Educator line in the Department of [name] and Division of [name] at the Stanford University School of Medicine effective [month day, year,] through [month day, year].

Although term appointments are frequently made with the possibility of reappointment or promotion, there is no entitlement to such action at the end of the term and it is by no means automatic. Renewal of your appointment will depend on availability of faculty to fulfill the Department’s pedagogical obligations and the match between your teaching and interpersonal skills and our needs at the time. At the end of your term, you may be offered a renewal for the same or a different term at the sole discretion of the University.

A concurrent academic appointment at another institution is not permitted for a Clinician Educator (Affiliated). If you hold an appointment at another academic institution, regardless of whether it is a paid position or an unpaid position, you must resign from it before your Stanford appointment begins.

Your knowledge, experience, perspective and participation in the clinical education of Stanford medical students, Residents, and/or Fellows are highly valued in our academic programs.

Your service as [rank] (Affiliated) is voluntary. Either party may withdraw from this arrangement at any time and for any reason.

You are a clinician employed by [hospital]; you are not an employee of Stanford University. This appointment is dependent upon and coterminous with your employment by [hospital]. If your employment ends before [end date above- month day, year] this appointment ends as well.

You must obtain and maintain unrestricted privileges at [hospital] as required by your assigned duties and at any other facility to which you may be assigned by your employer and to comply with your employer’s policies and procedures concerning the Health Insurance Portability and Accountability Act (HIPAA), blood borne pathogens (BBP), prohibited health information (PHI), data security, respectful workplace, sexual harassment, mandatory reporting of child abuse and neglect, and conflict of interest, including industry interactions.

Your official title is “[rank] (Affiliated)”. This is an academic title only and may be used only during the appointment period noted above. When used, your title must always be used in its entirety.

If you wish to receive a Courtesy ID card (for which there is a $25 one time fee) that allows use of library facilities and services, including Lane Library borrowing privileges, please take this letter to the Stanford Card Office at Tresidder Union at 459 Lagunita Drive, 2nd floor after the start date of your appointment.  The website address is http://www.stanford.edu/services/campuscard/cardoffice.html.

This academic appointment provides you with faculty borrowing privileges at Stanford University School of Medicine’s Lane Library.  If you wish to connect remotely, our department must sponsor you for a SUNet ID. If that is of interest to you, please contact [name] for instructions about how to obtain a SUNet ID after your appointment begins.

Please contact [name] at [phone number] or [email] should you have any questions. [I am/We are] also available to help you with any other questions you might have regarding your appointment. Please sign and return this letter in acknowledgment.

Please excuse the administrative tone of this letter, which should not disguise our genuine enthusiasm and appreciation for all that you will contribute to our academic program.

Sincerely,

[Name], Department Chair [Name], Division Chief

I have read, understand and accept the terms as set forth in this letter regarding my appointment in the Department of [name] and Division of [name] in the Stanford University School of Medicine.

Signature of [Name] Date

Useful Web Addresses

School of Medicine Faculty Handbook, Chapter 3

<http://med.stanford.edu/academicaffairs/administrators/handbook/chapt3.html>

School of Medicine Academic Affairs (Clinician Educators)

<http://med.stanford.edu/academicaffairs/CEs/>