

Request for
TRANSFER OF PRIMARY APPOINTMENT
TO THE CLEVELAND CLINIC LERNER COLLEGE OF MEDICINE (CCLCM)
Case Western Reserve University School of Medicine
All materials to: Eileen Stranscak, Faculty Affairs, CCLCM
Phone: 216/445-2649 Fax: 216/636-0897
stranse@ccf.org

MS Word Export To Multiple PDF Files Software - Please purchase license. Faculty member: _____

First name Middle initial Last name Degree

Currently in the department of _____
(including location/affiliated hospital, if applicable)

As (academic rank and tenure status) _____

Requests transfer to CCLCM department of _____
(Anesthesiology, Medicine, Molecular Medicine, Ophthalmology, Pathology, Pediatrics, Radiology, Surgery)

Application Check List

(see **Faculty Appointments, Promotions and Tenure Procedures Manual for more detail**)
<http://casemed.case.edu/facultyaffairs/>

- Request for transfer (letter to the dean from from the faculty member who wishes to transfer, noting the change in tenure if applicable).
- Nominating letter (from the CCLCM department chair to Andrew Novick, MD, Associate Dean Faculty Affairs, CCLCM). This can be a one-sentence acknowledgement of the appointment.
- Written verification that former chair has been notified of the planned change (can be via letter or email)
- Acknowledgement of the transfer by the Faculty Affairs office at the CCLCM (contact Eileen Stranscak)
- Faculty member's curriculum vitae