DATE

NAME

ADDRESS

CITY, STATE ZIP

Dear Dr. NAME:

I am pleased to learn that you are considering accepting employment with the Dartmouth-Hitchcock Clinic.

Should you accept employment with Dartmouth-Hitchcock Clinic pursuant to the terms of the Dartmouth-Hitchcock Clinic Employment Agreement, I will propose to the Dean of The Geisel School of Medicine at Dartmouth that you be appointed as an Instructor in the Department of [DEPARTMENT]. This is a restricted/non-voting faculty position.

While we anticipate that this faculty appointment will be conferred, please understand that this letter is not a promise or guarantee of a faculty appointment. Faculty appointment is contingent upon approval by Geisel School of Medicine at Dartmouth pursuant to its policies and procedures, including endorsement by the Dean, the Dean’s Academic Board, and the Provost of Dartmouth College. The terms set forth herein will apply in the event that a faculty appointment is conferred.

Information on appointments, promotions and titles (including criteria for rank and expectations for reappointments and promotions) is set forth in the document entitled Academic Appointments, Promotions and Titles at the Geisel School of Medicine (APT document), found at <http://geiselmed.dartmouth.edu/faculty/pdf/faculty_apt_geisel.pdf>. The APT document and other information for members of the Geisel faculty may be found online in the Geisel Faculty Handbook at <http://geiselmed.dartmouth.edu/faculty/fac_info/>.

As a faculty member of Dartmouth College, you will have access to the Dartmouth Library system, including *UpToDate*.  Your academic appointment will also provide you with a Dartmouth College NetID, which provides you with a Dartmouth.edu email address that will automatically forward messages to your preferred email account.  The Dartmouth NetID provides you access to important College systems.  Additionally, your Dartmouth College photo ID card may qualify you for discounts from Dartmouth programs and facilities such as the [Hanover Country Club](http://www.dartmouth.edu/~hccweb/index.html), [Hopkins Center](http://www.hop.dartmouth.edu/), [Dartmouth Outing Club](http://www.dartmouth.edu/~doc/), [Morton Farm](http://www.dartmouth.edu/~drc/index.html), and the Dartmouth [Skiway](http://skiway.dartmouth.edu/).

Specific academic responsibilities in teaching, research and/or service associated with this faculty position are set forth in the Dartmouth-Hitchcock Clinic Employment Agreement.

Should your employment at Dartmouth-Hitchcock Clinic end for any reason, your faculty appointment shall terminate effective as of your employment end date, unless agreed upon otherwise by the Dean.  Also, independent of employment by Dartmouth-Hitchcock Clinic, your faculty appointment may be terminated for cause under Dartmouth College policy.  If your faculty appointment terminates for any reason, all benefits that are associated with this position (e.g., access to Dartmouth’s libraries) will also terminate.

As a faculty member of the Dartmouth College, you will be expected to comply with Dartmouth’s rules and policies, when applicable, including, but not limited to, policies on institutional diversity & equity (IDE) and sexual respect. Please be aware, too, that all individuals who hold academic titles at Dartmouth are required to complete an online training module on sexual respect. Information on this module and other relevant information can be found at <https://sexual-respect.dartmouth.edu>. During the course of your faculty appointment, you may receive or become aware of confidential material, including employment information, financial data, medical information, trade secrets, and other non-public or proprietary information concerning Dartmouth College, its employees, its students, and its donors. Please be aware that the Dartmouth’s Confidentiality Policy prohibits the use and disclosure of this information, except as necessary to perform the requirements of your employment.

You may also be expected to obtain any necessary training or certification required for your activities at Dartmouth, Dartmouth-Hitchcock or the VAMC including, but not limited to, those required by Environmental Health & Safety, the Animal Care and Use Committee, or the Committee for Protection of Human Subjects.

We recognize that this is a major decision for you on both professional and personal levels. Please know that we are delighted at the prospect of your joinng our faculty and look forward to welcoming you to the Dartmouth community.

Sincerely,

CHAIR’S NAME

Chair, Department of DEPARTMENT

On Behalf of the Trustees of Dartmouth College

Please acknowledge your agreement with the terms set forth herein by signing below, and returning one copy to me in the enclosed envelope.

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 SIGNATURE [NAME] DATE