**Peers for Promotion Program 2019–20: Application**

**Name:**

**Department:**

**Phone:**

**Email:**

By submitting this application, the applicant attests to the following:

* I agree to participate fully in the Peers for Promotion Program: to attend sessions and complete all assignments.
* I have met with my Department Chair or my Division Chief and we have discussed the time commitment involved in participating in the program. We have discussed how I will fulfill this time obligation of approximately four hours monthly for the program sessions and preparation of materials.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair/Division Chief Section**

I have reviewed the program and believe that it will contribute to advancement of the applicant. My signature below signifies my approval of the faculty member’s participation and denotes my full support of this application.

Chair/Division Chief Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Division Chief Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit the signed application with **a current curriculum vitae** as follows

* scan and submit by email to [Faculty.Affairs@umassmed.edu](mailto:Faculty.Affairs@umassmed.edu).
* or mail/drop off to University Campus, Medical School Building, Room S1-710

**Application Deadline: September 16, 2019**