**CLINICAL DEPARTMENT FACULTY ON-BOARDING PROCESS**

To ensure compliance with the School of Medicine (SOM) policies and to ensure a smooth and efficient onboarding process, the checklist below should be started by the UH clinical department as soon as there is an intention to hire a clinician or researcher who will also have a CWRU faculty appointment. The form should be completed and sent to the SOM’s Faculty Affairs & HR Office at <[som-fahr@case.edu](file:///C%3A%5CUsers%5Cjms114%5CAppData%5CLocal%5CTemp%5Csom-fahr%40case.edu) >

This checklist serves as a tool for both the clinical department and new faculty and serves as a starting point for tracking needs, providing information for onboarding and required activities. The checklist should be initiated in collaboration with the appropriate hub or relevant staff in the SOM.

The checklist includes important information regarding space, research program management, human resources, animal care and concerns, etc.  Not all areas of the checklist will be appropriate for all clinical department faculty.  By completing the checklist and working with FA-HR you will know which areas pertain to you.

Note: This Information Sheet will be initiated by the UH Clinical Department when beginning a search and will be updated by appropriate personnel throughout the process.

Completion of the CLINICAL DEPARTMENT FACULTY ON-BOARDING CHECKLIST will help ensure that:

* Appropriate research programs are transferred to CWRU in a timely manner.
* Compliance matters such as IACUC and IRB are handled smoothly.
* Space and human resources are appropriately facilitated.

**CLINICAL DEPARTMENT FACULTY ON-BOARDING INFORMATION SHEET**

Date Initiated: Date(s) updated:

Clinical Department:

Responsible Person:

Faculty Recruit’s Name:  Anticipated Rank:

Start Date:   Arrival Date:

Current Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Institution Contact Name and Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UH Clinical Department:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UH Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CWRU Contact:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete the checklist on the following page and for any of the situations that will pertain, refer to the identified contact for next steps and assistance.  Provide responses as required in each box*

**CLINICAL DEPARTMENT FACULTY ON-BOARDING INFORMATION SHEET**

*Department:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Which of the following apply?*** | ***YES*** | ***NO*** | ***If yes******Please see******Contact***  |
|  *Has the faculty appointment process started yet? If yes, indicate the date the request will be submitted to SOM FAHR**Date:*  |  |  | som-fahr@case.edu |
| *Will the faculty recruit be transferring grants to CWRU? If yes, list  grant numbers:* |  |  | Robin Bissell |medres@case.edu | 216 368-4432 |
| *Do the faculty recruit need a visa?*  |  |  | som-fahr@case.edu |
| *Will the faculty recruit be requesting laboratory space?* |  |  | Jill Stanley | jas88@case.edu | 216-368-5487 |
| *If yes, what type of space will the faculty recruit require? Is it wet lab or dry lab or both? Provide anticipated amount of space requested:* | ***NA*** | ***NA*** |
| *Where is the anticipated research space?* | NA | NA |
| *Is the faculty recruit moving a laboratory to CWRU? If yes, provide details when available.*  |  |  |
| *Will the faculty recruit be conducting human subjects research? If yes, please contact UH IRB.*  |  |  | (UHCMC) Administration Office | 216-844-1529 |
| *Will the faculty recruit be conducting animal research?* |  |  | John Durfee | jwd7@case.eduTami McCourt |txm9@case.edu 368-4972 |
| *Will the faculty recruit be transferring animals to CWRU? If yes, please indicate species and quantity.*  |  |  |
| *Will the faculty recruit be bringing other faculty members with them? If yes, list below with anticipated rank:* |  |  | som-fahr@case.edu |
| *Is the faculty recruit planning on hiring additional faculty and staff once they arrive at CWRU? If yes, please indicate whether CWRU or UH will be employing the faculty and/or staff.* |  |  | som-fahr@case.edu |
| *Will the faculty recruit be bringing research staff?* |  |  | som-fahr@case.edu |
| *If the faculty recruit is bringing research staff will they be working on CWRU based research projects? Will they be hired by CWRU?* |  |  | som-fahr@case.edu |
| *Will the faculty recruit be bringing graduate students or post docs? If yes, please list.*  |  |  | Diana Fox dsf31@case.edu Paul MacDonald pnm2@case.edu  |
| Will the faculty recruit be transferring protected data to CWRU? If yes, please describe. |  |  | mpd35 Matt DeVries mpd35@case.edu |