Non-Tenure Track – Professional Practice Track Template 5-24-16

Dear Dr. \_\_\_\_\_\_\_\_\_,

I am writing to confirm your assignment to the Professional Practice Track in the [*Insert /Department/Unit/School*] effective July 1, 2016. This is a non-tenure track title.

The guidelines for appointment and promotion within the professional practice track are outlined in the Rutgers Biomedical and Health Sciences Policies and Guidelines Governing Appointments, Promotions, and Professional Activities of the Faculty located at the following website: <http://academiclaborrelations.rutgers.edu/sites/academiclaborrelations/files/A&P%20Guidelines_RBHS.pdf>. The responsibilities of a faculty member on the professional practice track can be found in the Guidelines.

Faculty on the Professional Practice Track will have professional skills and knowledge necessary for superior health care efforts and education and will be evaluated on the basis of their individual skills and unique contributions to the university. Professional Practice faculty may also play a critical supportive role in ongoing health care research through participation in and enabling of research programs of other faculty through identification of eligible patients and their enrollment in clinical trials and evaluation of tests performed in the context of clinical trials.

Rutgers Biomedical and Health Sciences is committed to your career development. Accordingly, faculty being reappointed effective July 1, 2016 will receive a reappointment letter outlining their responsibilities and the responsibilities and commitment of the institution. Those faculty who are in mid-contract will receive a letter outlining their responsibilities and the responsibilities and commitment of the institution following their annual evaluation.

We look forward to continuing to work with you.

Sincerely,

Dean [*Insert Name*]

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

I acknowledge this assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

C: AAUP-BHSNJ