

Kohei Shiota (President)
Shiga University of Medical Science
Seta Tsukinowa-cho, Otsu, Shiga,
520-2192, JAPAN

December 12, 2019

To Whom It May Concern,

Call for Applications for a Professorship in Division of Dermatology, Department of Medicine.

Shiga University of Medical Science is seeking a professor in Division of Dermatology, Department of Medicine. We welcome applications and recommendations for candidates.

1. Department: Division of Dermatology, Department of Medicine.

2. Job description: Professor

A person who has Japanese Medical License, and sufficient knowledge and experience in education, research, and clinical practice in the field of Dermatology, and who is willing to participate in the management and development of the University and its hospital, contributing to local community medicine.

3. Number of positions: one

4. Deadline for applications: January 31, 2020 (deadline of receipt)

5. Starting date: June 1, 2020

Note: Employment in the university is contract-based, and Professor's term of contract is for 10 years: possible to extend.

6. Application documents needed:

(1) Curriculum Vitae (following the Form I; starting from graduated High school)

(2) Two copies of list of academic papers (Form II)

*One of which includes the newest Impact Factor and Citation Index for each article.

*Label each of your articles with a circled number if item (4) below applies.

(3) A letter of recommendation (Form III)

*Instead, a letter of self-recommendation may be submitted.

(4) Two copies of each of up to 10 published articles

(5) Explanations or short abstracts of those papers in Japanese of not more than 300 letters (A4 paper).

(6) An essay on your experience as a teacher, medical consultant, and researcher, and your objectives, written in Japanese within 2000 letters (A4 paper).

(7) Your ideas and ideals for the management of academic and clinical departments, written in Japanese within 2000 letters (A4 paper).

* If you have electronic data for the off-prints mentioned in (4) above, put numbers like

“Article 1,” “Article 2,” and submit them.

(8) Please submit electronic media for (1), (2), (5), (6), and (7) above on CD or DVD; also mention the software you used.

7. Submission

Address to: Kohei Shiota (President)

Shiga University of Medical Science

Seta Tsukinowa-cho, Otsu, Shiga,,

520-2192, Japan

On the envelope write “Application for Professorship in Division of Dermatology, Department of Medicine.” in red ink, and send it by registered mail, if you post it.

8. Enquiries:

If you would like more information about the duties and benefits, please make enquiries at the Personnel Office [Jinji-kakari] (E-mail:hqjinji@belle.shiga-med.ac.jp).

9. Notes

You may be asked to visit the university in the process of this selection.

You may download the Recruitment notice and Application forms from our homepage:
<https://www.shiga-med.ac.jp/>

(Form I)

Curriculum Vitae			
Name	Family _____ Given name(s) _____		Sex: <input type="checkbox"/> male <input type="checkbox"/> female
			Nationality _____
Date of birth (age)	day / month / year ()	Present address	
e-mail			
Education (High school onward)			
Date	Name of University / Institution		
Academic Degree(s)	Type (PhD, etc) :	Field :	
	Institute :	Date Obtained :	day / month / year
Japanese Medical license	Registration number :	Date Obtained :	day / month / year
Employment History			
Date	Job titles, employers, and duties		
Memberships of Academic societies, Social or Volunteer activities			
Date	Societies, description		
Honors and Demerits			
Date	Descriptions		
Continuing Educations (focused on Faculty Development)			
Date	Listed Item(s)		
I hereby affirm that the above information is corrected.			
Date: day / month / year		Signature:	

List of Academic Records

type	1)Books (Author, title, name of contributed chapter(s), page(s), publisher, year) 2)Articles (Author, title of article, journal, volume, page(s), year) 3)Presentations (Author, title of presentation, conference title, year) 4)Grants-in-Aid (for the past 10 years, organization(s), amounts) 5)Patents

Letter of Recommendation

Present job title, name of organization, of the applicant	Name of the applicant
Reasons for recommendation	
Date of recommendation, job title, name and signature of the person giving recommendation	