



FACULTY PROMOTION APPLICATION TO ASSOCIATE/FULL PROFESSOR

Please submit completed application to Dept Chair's Office, Medical Education

PERSONAL INFORMATION

FULL NAME: _____

CONTACT INFORMATION: _____ (phone)
 _____ (Email)

EDUCATION

A. Earned Degrees *(List each degree beginning with baccalaureate)*

Degree	Institution	Location	Year Conferred

B. Internships (I), Residencies (R), Fellowships (F), etc.

(List relevant educational experiences for which no academic degree awarded, including Postdoctoral Fellowships (PF); Special Courses (SC); or Others (O).)

(List each degree beginning with baccalaureate, in order from the oldest to most recent.)

Check Appropriate Box	Institution	Location	Year Conferred
<input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> PF <input type="checkbox"/> SC <input type="checkbox"/> O			
<input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> PF <input type="checkbox"/> SC <input type="checkbox"/> O			
<input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> PF <input type="checkbox"/> SC <input type="checkbox"/> O			
<input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> F <input type="checkbox"/> PF <input type="checkbox"/> SC <input type="checkbox"/> O			

C. Academic Honors *(Place in order starting from the most recent)*

Honor Awarded	Academic Institution	Certification/Recertification	Year Conferred

D. Board Certification *(Place in order starting from the most recent)*

Discipline	Name of Board	Certification/Recertification	Year Conferred

E. Licenses *(Place in order starting from the most recent)*

Field	State	License Number	Year Conferred

F. Memberships in Professional Societies *(Include committees and offices held with dates, e.g., American Medical Society, Membership Committee 2005-06, Secretary 2008-09.)*
(Place in order starting from the most recent)

Discipline	Name of Board	Certification/Recertification	Year Conferred

EMPLOYMENT HISTORY

Present Academic Rank: _____

Present Faculty Track * _____

*Required for review of scholarship and accomplishments.

Previous Professional positions held:

(List professional positions beginning since completion of education and post-graduate training.)

Position Title	Employer	Start Date	End Date

REFERENCES

A. Internal References: For promotion to Associate Professor and Professor, the packet submitted by the Department to the Committee will include written evaluations from three (3) CUSM faculty members at this rank or higher. Please provide the names for your internal references here.

Name	Title	Contact Information (Postal & Email)	Phone

B. External References: For promotion to Professor, the Department Chair will solicit three (3) external review letters from faculty members holding the rank of Professor at other institutions. External letters should come from faculty who are familiar with the candidate's areas of experience but who do not have a direct working relationship with the candidate (such as a research collaborator or a former supervisor). Please provide the names, titles and contact information for 3-5 external references here.

Name	Title	Contact Information (Postal & Email)	Phone

ESSENTIAL MATERIALS FOR ASSESSMENT OF PROMOTION

- **COVER LETTER FROM THE FACULTY MEMBER REQUESTING PROMOTION**

- The letter must be no longer than 3 pages in length, must be self-evaluative in nature, highlighting the individual's accomplishments in teaching, scholarly activities, and professional service as they related to Rank and Promotion Committee criteria for advancement.

- **LETTER FROM THE DEPARTMENT CHAIR** *(Note: The letter from the Department Chair will be requested by the Office of Faculty Affairs after the application has been submitted, and prior to submission to the Rank and Promotion Committee.)*

- The letter must provide a detailed assessment of the candidate in areas of teaching, research/scholarly contributions, and service.
- The letter must indicate the academic track the faculty member in which the faculty member is seeking a promotion and provide a rationale for promotion within the given track that relates to the expectations of the track.
- The letter should be one of non-endorsement, providing adequate information and rationale to support a decision.

A. CONTRIBUTIONS TO TEACHING *(Attach paper if necessary)*

A. Course Responsibilities within CUSM-SOM

Course Number	Course Title	Approx # of Contact Hours	Semester Year (e.g. Fall 2014)	Brief Description of Teaching Activity

B. Individualized Instruction or Project Supervision

Course Number	Inclusive Dates of Activity	Approx # Contact Hours	Semester Year (e.g. Fall 2014)	Brief Description of Teaching Activity

2. Supervisor and Peer Evaluation of Teaching

Department Chair: Summary of Evaluation

Course Director: Summary of Evaluation

Peer: Summary of Evaluation

3. Mentoring Impact on Mentee

Mentee	Dates, Location, Reason for # of Hours of Mentoring	Quality, Type and Brief Description of Mentoring	Mentoring Impact of Mentee

3. Teaching Awards

(List awards given within CUSM or SOM, as well as awards given by professional organization.)

Award Recognition	Teaching Award	Professional Organization	Brief Description of Award
<input type="checkbox"/> CUSM <input type="checkbox"/> SOM			
<input type="checkbox"/> Regl <input type="checkbox"/> Natl <input type="checkbox"/> Intl			
<input type="checkbox"/> CUSM <input type="checkbox"/> SOM			
<input type="checkbox"/> Regl <input type="checkbox"/> Natl <input type="checkbox"/> Intl			
<input type="checkbox"/> CUSM <input type="checkbox"/> SOM			
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<input type="checkbox"/> CUSM <input type="checkbox"/> SOM			
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<input type="checkbox"/> CUSM <input type="checkbox"/> SOM			
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<input type="checkbox"/> CUSM <input type="checkbox"/> SOM			
<input type="checkbox"/> Regl <input type="checkbox"/> Natl <input type="checkbox"/> Intl			

4. Books, monographs and/or contributed chapters

(Curricular materials with national impact may also be documented in this section. Include a brief description of the curricular materials, the target audience and national impact .)

Author (As appears in the Publication)	Title of Publication	Name of Journal
Brief Description		

Author (As appears in the Publication)	Title of Publication	Name of Journal
Brief Description		

Author (As appears in the Publication)	Title of Publication	Name of Journal
Brief Description		

Author (As appears in the Publication)	Title of Publication	Name of Journal
Brief Description		

Author (As appears in the Publication)	Title of Publication	Name of Journal
Brief Description		

**(Please print this page to include any additional information,
and attach with other Supporting Documentation)**

5. Documentation of other Scholarly Activities (Educational/Professional Development, Research, Clinical Service. *(Examples include servicing as a conference or symposia organizer, new curricular development or substantial reorganization of curriculum, development of new clinical services or substantial reorganization of existing services, implementation of new cutting-edge treatment modalities, etc.)*

Activity	Brief Description of EDUCATIONAL ACTIVITY

Activity	Brief Description of RESEARCH ACTIVITY

Activity	Brief Description of CLINICAL PRACTICE ACTIVITY

6. Extramural Research Support

List in chronological order all grants and contracts awarded to you for promotion as Principal Investigator (PI), Co-Principal Investigator (Co-PI), Collaborating Investigator (CI).

Role PI, Co-PI, or CI	Title of Grant (Grant #, if any) or Title of Contract	Funding Organization	Award Period (Year-Year)	% Effort
<input type="checkbox"/> PI <input type="checkbox"/> CI				
<input type="checkbox"/> Co-PI				
<input type="checkbox"/> PI <input type="checkbox"/> CI				
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7. Pending Research Support

Role PI, Co-PI, or CI	Title of Grant (Grant #, if any) or Title of Contract	Funding Organization	Anticipated Dates (Start-End)	Total Direct Costs
<input type="checkbox"/> PI <input type="checkbox"/> CI				
<input type="checkbox"/> Co-PI				
<input type="checkbox"/> PI <input type="checkbox"/> CI				
<input type="checkbox"/> Co-PI				
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C. REGIONAL, NATIONAL, AND INTERNATIONAL RECOGNITION

1. Invited Seminars, Lectureships, or Invited Professional Presentations

List presentations given before professional groups (e.g., seminars at other institutions, professional conference oral presentations). *Only list invited presentations for the previous 5 years.*

Date	Inviting Organization or Institution	Title of Presentation	Activity (e.g., Seminar, Lecture)	Recognition
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2. Professional Recognition and Service

(Examples include participation in regional and national peer review groups, editorial review including editorial board membership, participation in development of testing materials for evaluation of medical student performance (e.g., NBME).

Brief Description of Activity	Recognition
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D. Administrative (CUSM and SOM)

1. Clinical Service

This section should describe fully the candidate's productivity as a clinician. Clinics, attending duties, or other clinical responsibilities should be detailed.

Brief Description of Clinical Service Activity	Agency/Institution

2. Committee Service

List all committee memberships at CUSM/SOM over the past five years with inclusive years of service. Indicate leadership roles on the committee (e.g., Chair, Vice Chair) where applicable.

CUSM or SOM	Committee	Role	Years of Service (From – To)

3. Administration

List all administrative positions held at CUSM / SOM with inclusive years of the administrative appointment.

Administrative Appointment	Role	Years of Service (From – To)

SUPPORTING DOCUMENTATION SUBMITTED

This section should include reprints, submitted manuscripts and other materials pertinent to the promotion of the candidates. *Please list all the items that have been submitted.*

	Items Submitted
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(Attach additional sheet if necessary)