

The Office for Faculty Advancement recommends organizing your electronic Promotion & Tenure Dossier and including a Table of Contents for the committee member to navigate the dossier.

Example:

Table of Contents*

Application for Tenure Section 1
Curriculum Vitae Section 2

Appendices:

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**Please feel free to adjust the bullets depending on your personal accomplishments.*

MARSHALL UNIVERSITY
Joan C Edwards School of Medicine (JCESOM)

RECOMMENDATION FOR PROMOTION AND/OR TENURE (using post-2013 guidelines)

I am recommending ____ I am NOT recommending ____

_____ for:

_____ promotion to _____, and/or _____ tenure,
effective July 1, 20 ____.

Signed _____ Chairperson

_____ Department

_____ Date

I. A. His/Her current status.

_____ Assistant Professor _____ probationary _____ tenured

_____ Associate Professor _____ probationary _____ tenured

_____ Professor _____ probationary _____ tenured

_____ School of Medicine Assistant Professor (non-tenure track)

_____ School of Medicine Associate Professor (non-tenure track)

B. Time in current rank at Marshall University JCESOM.

_____ years _____ months.

C. Total time as full-time faculty member at Marshall University JCESOM.

_____ years _____ months

Date of Hire _____

D. If he/she holds an M.D. degree, list Board certifications and Fellowships of American Colleges, or state eligibilities.

Board Certified in _____

Board Eligible in _____

Fellowships _____

E. If he/she is a member of a Basic Science Department, check the following which apply:

- Instructor member of MU Graduate Faculty
- Associate member of MU Graduate Faculty
- Graduate member of MU Graduate Faculty
- Doctoral member of MU Graduate Faculty

II. A. According to his/her Annual Evaluation Forms the following percentage of time of duties was mutually agreed upon by him/her and myself. The percentages indicate a yearly average during time in current rank.

- % Education
- % Research/Scholarly Activity
- % Service/Administrative duty to the University
- % Professional Service/Patient Care

B. He/she should be considered on the basis of activities relating to these percentages of time per type of activity.

Yes No If "No", why not?

III. OVERALL EVALUATION. Based on annual departmental evaluations I would rate his/her overall performance within current rank as:

Education

Service to the University

- Level 1*
- Level 2
- Level 3

- Level 1
- Level 2
- Level 3

Research/Scholarly Activity

Professional Service/Patient Care

- Level 1
- Level 2
- Level 3

- Level 1
- Level 2
- Level 3

*Levels are defined in [Promotion and Tenure Regulations document](#)

IV. ADDITIONAL COMMENTS. On separate sheet or in the space below, detail any additional information which you feel may be of assistance in considering this faculty member for promotion and/or tenure.

V. Checklist

A. Current curriculum vitae including list of publications is attached.

_____ Yes _____ No

B. All annual Faculty Evaluations since last promotion are attached,

_____ Yes _____ No,

_____ Number attached.(If all evaluations are not available, a letter from the chair explaining why they are not available is required.)

C. Letters of recommendation from peers at JCESOM are attached
Associate Professor tenure track need 1
Associate professor non-tenure track need 2,
Professor tenure track need 0
Professor non-tenure track need 1

_____ Yes _____ No,

or have been requested

_____ Yes _____ No.

D. Letters of recommendation from peers at other universities are attached
Associate Professor tenure track need 2
Associate Professor non-tenure track need 1
Professor tenure-track need 3
Professor non-tenure track need 2

_____ Yes _____ No,

or have been requested

_____ Yes _____ No

E. Written recommendation of departmental personnel committee/representative (or Chair Personnel Advisory Committee if no representative available) is attached.

_____ Yes _____ No _____

VI. ROUTING OF APPLICATION AND SUPPORTING DOCUMENTS

1. Received in Dean's Office on
(Date)_____by(Signature)_____.

2. As the applicant for promotion/tenure, I have reviewed the documentation and consider it complete.

(Date)_____,(Signature)_____.

3. Received by Chairman, Personnel Advisory Committee on

(Date)_____,(Signature)_____.

4. Reviewed by Personnel Advisory Committee on

(Date)_____, (Signature)_____.

5. Committee recommendation forwarded to Dean on

(Date)_____, (Signature)_____.

6. Meeting between Dean and chairperson to discuss final recommendation was held on

(Date)_____, (Signature)_____.

7. Written notification from Dean indicating final recommendation was forwarded to chairperson on

(Date)_____, (Signature)_____.

Curriculum Vitae (CV)

Department Chair Letter

**Recommendation Letters
(Inside & Outside JCESOM)**

Annual Evaluations

If not all evaluations are available, a letter from the chair explaining why they are not available is required

Teaching Activities*

Use the following charts to help guide and organize your teaching activities list.

**Example of teaching activities include lectures, small group teaching, PBL, Grand Rounds, CME talks, Laboratory and Research based teaching, supervision of clinical activities of students, residents, fellows, procedural skills teaching, preceptorships, etc. Also make sure to list by level (fellows, residents, medical students, graduate students, etc.)*

Quantity: Whom do you teach, how much, and what do you teach?

Teaching Activities Grid

| Number # | Year(s) Taught* | Title or topic | Teaching Instruction method | Where taught | Total teaching hours/yr for this activity | Type of learner | Number learners/year |
|----------|-----------------|----------------|-----------------------------|--------------|---|-----------------|----------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

Quality: Teaching ratings with comparison data for all educational activities cited: Student, resident, fellow evaluations, Grand round evaluations, Letters evaluating teaching effectiveness Often from former trainees and from peers who have observed the your teaching.

| Number | Who and how many evaluated you? (e.g., 25 learners, student , residents , peer) | Describe the process for evaluating your teaching | List evaluations/ evaluation summaries included in Appendix XX: |
|--------|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Curriculum/Program Development

*Use this chart to help guide and organize your curriculum/program development list.

| Number | topic and type (e.g. clerkship module, residency longit experience, fellowship research component) | Type and # of learners per yr | Is it implemented? (Yes/No) | Where is it implemented? (dept, institution regional, national, intern'l) | Your degree of responsibility (leader or contributor) |
|---------------|---|--------------------------------------|------------------------------------|--|--|
| | | | | | |
| | | | | | |
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| | | | | | |

Clinic & Operation

This area would include a write-up that involves:

Evidence Highlighting Progress in Improved Clinic Operations:

e.g. Reorganized clinic infrastructure to improve clinic workflow, patient satisfaction and access to care. Improved documentation with redesigned progress note to assist in resident supervision

Evidence of improving Physician Productivity

e.g. Standardized physician appointments which generated more clinic visits and improved access; Redesigned the progress note and streamlined paperwork, which improved both documentation and billing

Service Activities Oriented to patient/community education

Patient education materials, presentations organization of, or participation in health education programs for the public

Advising & Mentoring

Being an advisor and mentor to many students, residents, fellows and junior faculty is a rewarding part of your job but also time consuming. It is important that you document the time involved, a description of the capacity in which you served as an advisor/mentor, and the outcome for that student.

| Name of mentee or advisee | Dates of mentoring/ advising | Number of years you invested in relationship | Their role/position during the time you were their mentor/advisor | Your role and what you taught them | Their current position (Academic position) | Their significant achievements (presentation, publication, award or grants received) |
|----------------------------------|-------------------------------------|---|--|---|---|---|
| | | | | | | |
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Administration & Leadership*

Please use this chart to help guide and organize the list of leadership and membership roles.

*Includes the education activities such as service as a course director, clerkship director and education committee member.

| LEADERSHIP AND MEMBERSHIP ROLES | | | | |
|---|---------------------------|-----------------|---------------------------------|--------------------------|
| Title of program/course(s)/clerkship that you direct | Dept/ Instit'l | Regional | National/ Internat'l | Duration in years |
| | | | | |
| | | | | |
| Name of committee(s) that you lead as a chair | | | | |
| | | | | |
| | | | | |
| Name of committee(s) on which you are a member | | | | |
| | | | | |
| | | | | |

Professional Development*

Use this table to help guide and organize your list for professional development activities.

*This includes any conferences, certification or degree programs or other educational professional development activities that you have attended as a learner.

| Activity Number | Name and Description (include duration, e.g. 3 hrs, 1 day, 1 month) | Dates and Location | Sponsoring organization/institution |
|------------------------|--|---------------------------|--|
| | | | |
| | | | |
| | | | |

Scholarship*

Use this table to help guide and organize your list of scholarship.

*This includes all activities that contribute to scholarship (in teaching, research and clinical service) such as presentations, peer reviewed publications, funding and committee activities. Whenever possible include evaluation/impact that has resulted from these activities.

| Number | Peer reviewed Publication/ Journal/year | Book Chapters year | Peer reviewed abstracts Conference/year | National/international/ regional Platform presentation |
|---------------|--|-------------------------------|--|---|
| | | | | |
| | | | | |
| | | | | |

Honors, Awards, Recognitions and Service*

Use this to guide and organize your list of awards and recognitions.

*Awards, honors and selection to participate in regional or national education programs.

| Number | Awards/ Teaching, research , excellence | National committee members; USMLE- National Board, AAMC, ACGME | Elected/selected members Specialty disciplines | NIH Study section | Journal Editors/ Reviewer |
|---------------|--|---|---|------------------------------|--|
| | | | | | |
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