*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**:

Department Chair Letter ……..………………………………………………………………………………..……………………..…….. Appendices 1

Peer Letters …………………………………………….……………………………………………………………………………….………….. Appendices 2

Annual Evaluations ………………………………….………………………………………………………………………..……..………….. Appendices 3

Teaching Activities …….……………………………………….….…………………………………………………..…………….………….. Appendices 4 Quantity ……………………………………………………………………………………………………….………….…..……… Subappendice 1

 Quality ……………………………………………………………………………………………………………………………..….. Subappendice 2

Curriculum/Program Development ……………….………………………………………………………………………………..….… Appendices 5

Research/Publication ………………………………….………………………………………………………..……………………..…..….. Appendices 6

Clinic & Operation …….……………………………….…………………………………………………………..…………………..……….. Appendices 7

Advising & Mentoring ……………………………..…………………………………………………………………………..…………..….. Appendices 8

Administration & Leadership ……………………………………………………..….…………………………………………….…..….. Appendices 9

Professional Development ……………….………………………………………..….…………………………………………..…..….. Appendices 10

Honors, Awards, Recognitions & Service ………………………………………………….…………………..……………………. Appendices 11

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

Prepared by Mackenzie Fravel, Office for Faculty Advancement

October 2021

Marshall University Joan C Edwards School of Medicine (JCESOM)

RECOMMENDATION FOR PROMOTION AND/OR TENURE

(Post-2013 guidelines)

\_\_\_\_ I am recommending \_\_\_\_ I am NOT recommending for:

\_\_\_\_ promotion to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and/or \_\_\_\_ tenure,

effective July 1, 20 \_\_\_\_.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

1. 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)

1. Time in current rank at Marshall University JCESOM.

 \_\_\_\_ years \_\_\_\_ months

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

 \_\_\_\_ years \_\_\_\_ months

 Date of Hire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

* 1. 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

* 1. 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?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. OVERALL EVALUATIONS. Based on annual department evaluations I would rate his/her performance within current rank as:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding | Excellent | Good | Satisfactory | Unsatisfactory | Not Applicable |
| Teaching & Mentoring |  |  |  |  |  |  |
| Research & Scholarly Activities |  |  |  |  |  |  |
| Clinical Service |  |  |  |  |  |  |
| Professional Development |  |  |  |  |  |  |

1. ADDITIONAL COMMENTS. On a 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.
2. CHECKLIST
3. Current curriculum vitae including list of publications is attached.

\_\_\_\_ Yes \_\_\_\_ No

1. 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 is required.)

1. 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

1. 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

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

\_\_\_\_ Yes \_\_\_\_ No

1. ROUTING OF APPLICATION AND SUPPORTING DOCUMENTS
2. Received in Dean’s Office

(Date) \_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Date) \_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Received by Chairman, Personnel Advisory Committee

(Date) \_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reviewed by Personnel Advisory Committee

(Date) \_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Committee recommendation forwarded to Dean

(Date) \_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Meeting between Dean and Chairperson to discuss final recommendation

(Date) \_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Written notification from Dean indicating final recommendation was forwarded to Chairperson

(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** |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |

**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.

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 imple-mented? (Yes/No)** | **Where is it implemented?****(dept, institution regional, national, intern’l)** | **Your degree of responsibility (leader or contributor)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |