

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

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
- % Patient Care
- % Service

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

	Exemplary	Professional	Needs Improvement	Unacceptable	Not Applicable
Teaching & Mentoring					
Research & Scholarly Activities					
Clinical Service					
Professional Development					

IV. 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.

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 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 of the Personnel Advisory Committee if no representative available) is attached.

____ Yes ____ No

VI. ROUTING OF APPLICATION AND SUPPORTING DOCUMENTS

1. Received in Dean's Office

(Date) _____ (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

(Date) _____ (Signature) _____

4. Reviewed by Personnel Advisory Committee

(Date) _____ (Signature) _____

5. Committee recommendation forwarded to Dean

(Date) _____ (Signature) _____

6. Meeting between Dean and Chairperson to discuss final recommendation

(Date) _____ (Signature) _____

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

(Date) _____ (Signature) _____