Marshall University Joan C. Edwards School of Medicine (JCESOM)

# Promotion and Tenure Dossier Template

Prepared by: Office for Faculty Advancement

Last Updated: October 2021

## Recommended Dossier Organization

We recommend organizing your electronic dossier using the following Table of Contents. Sections can be customized based on individual achievements.

|  |  |
| --- | --- |
| Section | Title |
| Section 1 | Application for Promotion and/or Tenure |
| Section 2 | Curriculum Vitae (CV) |
| Appendix 1 | Department Chair Recommendation Letter |
| Appendix 2 | Peer Recommendation Letters (Internal) |
| Appendix 3 | Annual Faculty Evaluations |
| Appendix 4 | Teaching Activities |
| Sub-Appendix 4A | Teaching Quantity |
| Sub-Appendix 4B | Teaching Quality |
| Appendix 5 | Curriculum/Program Development |
| Appendix 6 | Research and Publications |
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\*Customize appendices based on your academic role and accomplishments.

## Recommendation for Promotion and/or Tenure

(To be completed by Department Chair)

[ ]  I recommend [ ]  I do not recommend

For:[ ]  Promotion to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Tenure

Effective Date: July 1, 20\_\_\_\_

Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## I. Current Status

A. Academic Rank and Track (check one):

[ ]  Assistant Professor

[ ]  Associate Professor

[ ]  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 JCESOM: \_\_\_\_ years \_\_\_\_ months

C. Total Full-Time Faculty Experience at JCESOM: \_\_\_\_ years \_\_\_\_ months

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

D. Board Certifications/Fellowships (for MDs):

Board Certified in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board Eligible in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fellowship(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Graduate Faculty Status (Basic Science Faculty Only):

[ ]  Instructor

[ ]  Associate Member

[ ]  Full Member

[ ]  Doctoral Member

## II. Faculty Effort Distribution

Please provide the average percentage of effort in each area during the current rank. This information should be based on mutually agreed-upon annual evaluations.

|  |  |
| --- | --- |
| Category | % Effort |
| Education |  |
| Research/Scholarly Activity |  |
| University Service/Administration |  |
| Clinical Care/Professional Service |  |

This distribution reflects the basis for this review: [ ]  Yes [ ]  No (If No, explain below)

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## III. Performance Evaluation Summary

Rate faculty member based on department’s annual evaluations during current rank.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area | Outstanding | Excellent | Good | Satisfactory | Unsatisfactory | Not Applicable |
| Teaching & Mentoring | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Research/Scholarship | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Clinical Service | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Professional Development | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## IV. Additional Comments

Please include any additional comments or information that may support this faculty member’s application for promotion and/or tenure.

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

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

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

## V. Submission Checklist

Please complete the checklist below to ensure all necessary documents are included.

[ ]  Current CV with list of publications

[ ]  All annual Faculty Evaluations since last promotion

[ ]  Letters of recommendation from peers at JCESOM

[ ]  Letters of recommendation from peers at other universities

[ ]  Written recommendation of departmental personnel committee or representative

## VI. Routing of Application and Supporting Documents

Each reviewer must sign and date when the dossier is received or reviewed.

1. Received in Dean’s Office
Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Applicant review of documentation (complete)
Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Received by Personnel Advisory Committee Chair
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 recommendation
Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Final recommendation notification sent to Chair by Dean
Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Appendix 4: Teaching Activities

Please complete the following grid to document your teaching activities. Include lectures, small groups, PBL, CME talks, procedural skills, preceptorships, etc. Specify learner level (medical students, residents, fellows, graduate students, etc.)

### Teaching Quantity

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Year(s) | Title or Topic | Instruction Method | Location | Hours/Year | Learner Type | # Learners/Year |
|  |  |  |  |  |  |  |

### Teaching Quality

List evaluations and comparison data for teaching activities: student/resident evaluations, peer letters, or Grand Rounds feedback.

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator (e.g., 25 students) | Evaluation Method | Summary/Results | Appendix Ref |
|  |  |  |  |

## Appendix 5: Curriculum and Program Development

List any curriculum or program development efforts including clerkships, residency modules, fellowships, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Topic & Type | # Learners/Year | Implemented? (Y/N) | Location (Dept/Inst/Nat’l) | Role (Leader/Contributor) | Year(s) |
|  |  |  |  |  |  |

## Appendix 8: Advising and Mentoring

Document mentoring of students, residents, fellows, and junior faculty. Include time invested and outcomes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mentee Name | Mentoring Dates | Duration (Years) | Role of Mentee | Your Role | Current Position | Achievements (e.g., publications, awards) |
|  |  |  |  |  |  |  |

## Appendix 7: Clinical Activities and Operations

Describe improvements in clinic operations, physician productivity, and community education activities.

Examples:
- Reorganized clinic workflow to improve efficiency and satisfaction.
- Developed new documentation templates for resident supervision and billing.
- Organized community health education sessions or developed patient education materials.

## Appendix 9: Administrative and Leadership Roles

List any administrative, educational, or institutional leadership roles, including program directorships and committee work.

|  |  |  |  |
| --- | --- | --- | --- |
| Title of Role or Program | Scope (Dept/Inst/Regional/National) | Duration (Years) | Committee Role (Chair/Member) |
|  |  |  |  |

## Appendix 10: Professional Development

List conferences, certification programs, or other educational activities you have completed as a learner.

|  |  |  |  |
| --- | --- | --- | --- |
| Activity Name & Description (Duration) | Dates & Location | Sponsoring Organization | Notes |
|  |  |  |  |

## Appendix 6: Research and Scholarship

List scholarly activities in teaching, research, and clinical service. Include peer-reviewed publications, grants, presentations, and abstracts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Publication/Abstract Title | Type (Journal, Chapter, Conference) | Date | Scope (Nat’l/Intl/Regional) | Impact/Notes |
|  |  |  |  |  |

## Appendix 11: Honors, Awards, Recognitions and Service

List professional honors, awards, committee appointments, invited service, and elected positions in specialty organizations or national committees.

|  |  |  |  |
| --- | --- | --- | --- |
| Award/Recognition/Service | Scope (Department/National/Other) | Date/Duration | Notes (e.g., Competitive, Elected) |
|  |  |  |  |