

Date: Department:

Name: Pathway:

**Proposed Action**

 Promotion to:

Date Hired: Rank:

Date Current Rank Attained: **(mm/dd/yyyy)** Current Rank:

**Percent Effort** (per Department Chair OR designee)

|  |  |  |  |
| --- | --- | --- | --- |
| **Percent Effort** | **Defined Role/Funding**  | **Approx. Percentages****Current Year** | **Approx. Percentages****Next Year** |
| **Teaching\*** | \*Teaching: defined as classroom or other teaching, mentoring/advising, curriculum development, administrative leadership and/or assessment |  |  |
| **Research/Scholarship** | Grant or other funding |  |  |
| **Clinical** | Serving Patients |  |  |
| **Administration/Service** | e.g. Directing a Center or Clinic, Department Vice Chair, Residency Director, Course Director, Journal Editor |  |  |

Link to LCOM Standards and Guidelines: <http://contentmanager.med.uvm.edu/docs/com_standards_guidelines_030116/faculty-affairs-documents/com_standards_guidelines_030116.pdf?sfvrsn=2>



* **SUMMARY OF PROFESSIONAL ACTIVITIES – OVERALL** *~ taken from same section in LCOM standardize CV*
* **SUMMARY OF ACCOMPLISHMENTS** *~ taken from same section in LCOM standardize CV*
* **SUMMARY OF SERVICE ACTIVITIES** *~ taken from same section in LCOM standardize CV*
* **SUMMARY OF TEACHING ACTIVITIES** *~ taken from same section in LCOM standardize CV*
* **SUMMARY OF SCHOLARLY ACTIVITIES** *~ taken from same section in LCOM standardize CV*

**Directions:**

* Assemble Sections in order above
* Edit for continuity (update CV if Needed)
* **Length should be no more than two pages**



**Expectations of Candidate:**

Provide a summary of expectations of the discipline in general and, within them, the Academic Unit, as reflected in College / School and Department Standards and Guidelines in the areas of: 1) teaching / mentoring / advising or, as appropriate, librarians’ educational mission / extension faculty’s educational accomplishments; 2) scholarship / research / creative activities; and / or 3) service, as pertains to the faculty track of the candidate (tenure / non-tenure). Indicate the Full-time / Part-time nature (percent effort) of the candidate and the breakdown of effort in each of the three areas (e.g., 40:40:20, 20:60:20, 60:20:20). Include a summary of written expectations at the time of initial appointment and as discussed at subsequent annual reviews (≤ 750 words).

**Chair’s Evaluation:**

Provide a narrative evaluation of the candidate’s performance, measured against the appropriate standards and expectations of the candidate.

**Evaluation from Prior Review**

**Evaluation of Performance:**

**Teaching: (750 words or less)**

**Mentoring and Advising: (750 words or less)**

**Scholarship/Research/Creative Activities: (750 words or less)**

**Service: (750 words or less)**

**Joint Appointments outside the College of Medicine if applicable (500 words or less)**

**Other accomplishments (500 words or less)**

**Summary Statement of Performance (500 words or less)**

\*NB: Do not change words in headings or order of headings



**Secondary Appointments:** The Chair shall solicit performance assessment input from the Chair of any Department, Center, or other Academic Unit in which the faculty member holds a secondary appointment within the LCOM.

Summarize Evaluative Comments received (500 words or less)

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The Department must solicit from outside the University arm’s-length evaluation of the quality and significance of the candidate’s creative work when that has been an assigned responsibility.

In cases where promotion and/or tenure is proposed, the department must solicit from outside the University arm’s-length evaluation of the quality and significance of the candidate’s creative work. The selection of external referees is the joint responsibility of the candidate and the department chair or designee. Such input must come from people whose ability to provide an objective evaluation of the academic performance and reputation of the candidate is not put into question by prior associations with the candidate, such as involvement in the candidate’s education, having served together on the faculty at another institution, having been a co-author or co-investigator or collaborator in publications, patents or other scholarly contributions or being close personal or family friends. In cases where the candidate requests to see these assessments, all information identifying the individual source must be redacted. *(Larner College of Medicine Faculty Handbook Page 26)*

Credibility of arm’s-length letters are enhanced when the letters come from reviewers who: (a) work at an institution of higher education or at least comparable to UVM (R1,R2) or other relevant organization, (b) have attained the rank or a higher rank as the candidate seeking promotion, (c) have submitted a CV that reflects a substantial body of work that establishes them as an appropriate reviewer for a specific candidate, and (d) have not real or perceived bias related to the applicant. (*University Professional Standards Committee, Spring 2020)*

**Five (5)** for Tenure Pathway, **three (3)** at a minimum are required for Clinical, Research and Education Scholar Pathways. Arm’s-length letters are required for all promotions beyond the level of Assistant Professor.

Reviewers must be explicitly requested to provide information on any association they have or have had with the candidate, by completing a Referee Form. Outside reviewers should be requested NOT to make comparisons with their own institution.

I have reviewed the criteria stated above, as well as reviewed all arm’s-length letters in this dossier. I (*NAME AND TITLE*) hereby confirm that all (*number of arm’s-length letters*) meet the said criteria and in my opinion are true arm’s-length letters.

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Signature (Department Chair or Director) Date

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Department



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| --- |
| **Faculty Member:**  |
| In accordance with applicable provisions found in Part Three of the Faculty Handbook appropriate to the College / School the entire dossier, EXCLUDING evaluative comments by the Chair / Director, is to be made available to Department faculty for their review and comment. Describe the process followed and outcome of Department faculty review of the record and the nature of the advice received. Include an assessment of both positive and negative comments / votes received (≤ 500 words).  |
| **Number of Votes**: YES: \_\_\_\_\_ NO: \_\_\_\_\_ ABSTAIN: \_\_\_\_\_ |

**SIGNATURES:**

**RECOMMENDS** [ ]

**DOES NOT RECOMMEND** [ ]

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Chair Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chair (Please Print)**

**I have been informed of the above recommendation:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Faculty Member Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Member (Please Print)**