



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO

Woody L. Hunt School of Dental Medicine

2018-2019
Mid-Point Review (Pre-Tenure/Pre-Promotion)
& Tenure and/or Promotion
Center/Faculty Committee Member Certification
Form Regarding Conflict of Interest and
Confidentiality

Name (Last, First) _____
Academic Rank _____
Center _____

I fully understand the confidential nature of the peer review process throughout the Mid-Point Review (pre-tenure, pre-promotion), tenure and/or promotion reviews and agree: 1) to destroy all printed related materials; 2) not to discuss confidential items with any other individual except members of the Center/Faculty Mid-Point Review (Pre-Tenure/Pre-Promotion) Committee, Center/Faculty Tenure and/or Promotion Committee or the President of TTUHSC El Paso/Dean of the School of Medicine. The following are considered confidential:

- the applications
- my evaluation
- the evaluation of any other committee members
- the committee’s recommendation.

In accordance with decisions issued by the State of Texas Office of the Attorney General regarding privacy of documents, Texas Tech University Health Sciences Center El Paso acknowledges and maintains that all materials collected or generated as part of the Mid-Point Review (Pre-Tenure/Pre-Promotion) and Tenure and/or Promotion application files constitute medical peer review documents. As such, this confidential information is not available to others outside the Mid-Point Review (Pre-Tenure/Pre-Promotion) or Tenure and/or Promotion processes including the faculty candidate. The prohibition against disclosing medical peer review information includes, but is not limited to, the dossier, letters of reference, communications regarding the process, votes, and recommendations by the Department Mid-Point Review (Pre-Tenure/ Pre-Promotion) Committee and Committee Chair, Department Tenure and/or Promotion Committee and Committee Chair, the Committee on Faculty Appointments and Advancement Evaluation (CFAA), the Dean, the President, and Regents, respectively.

I agree to abstain from participating in the peer review process if I find there is a conflict of interest with a particular applicant. I will notify the Committee Chair of the Center/Faculty Mid-Point Review (Pre-Tenure/Promotion) Committee or Tenure and/or Promotion Committee of any conflict of interest.

Signature: _____ **Date:** _____