

2020-2021 Application for Tenure and/or Promotion

Use your computer to complete this form and utilize as much space as necessary, below each heading, to provide the requested information. If you have no information for a topic, write "None" or "NA" under the heading. Whenever dates are requested, list them in chronological order, beginning with the first and ending with the most recent. Please use Times New Roman, 10 pt. font.

Last Name: _____ **First Name:** _____ **Degree:** _____

Department: _____

Present title: *(Check one of the following)*

- | | | |
|----------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Associate Professor |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Assistant Professor of Clinical | <input type="checkbox"/> Associate Professor of Clinical |
| <input type="checkbox"/> Research Instructor | <input type="checkbox"/> Research Assistant Professor | <input type="checkbox"/> Research Associate Professor |
| <input type="checkbox"/> Research Professor | <input type="checkbox"/> Academic Associate Professor | |

Date of initial appointment at current title at TTUHSC or TTUHSC El Paso: _____

Date of initial appointment at current title at another academic institution (if applicable): _____

I am applying for promotion to: *(Check one of the following)*

- | | | |
|-------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Research Assistant Professor | <input type="checkbox"/> Research Associate Professor | <input type="checkbox"/> Research Professor |

Present tenure status:

- | | | |
|---------------------------------------|-------------------------------------------|----------------------------------|
| <input type="checkbox"/> Tenure Track | <input type="checkbox"/> Non-Tenure Track | <input type="checkbox"/> Tenured |
|---------------------------------------|-------------------------------------------|----------------------------------|

Applying for tenure?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

I elect to have my application reviewed under one of the following pathways:

- | | |
|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Medical Educator Pathway | <input type="checkbox"/> Clinical Educator Pathway |
|---------------------------------------------------|----------------------------------------------------|

(By checking this box and through our signatures on this document, my department chair and I attest that I meet the eligibility criteria for the selected promotion pathway)

Primary area: *(Check only one box below)*

- | | | |
|-----------------------------------|-------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Clinical Service | <input type="checkbox"/> Scholarship |
|-----------------------------------|-------------------------------------------|--------------------------------------|

Secondary area: *(Check only one box below)*

- | | | | |
|-----------------------------------|-------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Clinical Service | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Academically-Related or Other Public Service |
|-----------------------------------|-------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|

Tertiary area: *(Check one or more below, if applicable. You may leave it blank if not applicable.)*

- | | | | |
|-----------------------------------|-------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Clinical Service | <input type="checkbox"/> Scholarship | <input type="checkbox"/> Academically-Related or Other Public Service |
|-----------------------------------|-------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|

General Information

Whenever dates are requested, list them in chronological order, beginning with the oldest first and ending with the most current.

A. Education

List all earned and honorary college degrees that you have received (B.S., M.S., M.D., Ph.D., etc.) and the dates, field of study, and name of institution with location for each. (To add additional rows, Right Click inside the table below > Click Insert> Click Insert Row Below or Insert Row Above)

Degree	Date	Field	Institution and Location

B. Postdoctoral education (Including residencies and fellowships)

List the postdoctoral education that you have completed. Give the title of your position (e.g. postdoctoral fellow), beginning and ending dates, source of funding (e.g. American Heart Association, Texas Affiliate), field, name of mentor, and name of the institution and location for each. Underline all positions for which the applications were peer-reviewed.

Title of Position	Dates	Source of Funding	Field	Mentor	Institution and Location

C. Honors

List the education and/or training honors you have received and the dates (e.g., Phi Beta Kappa, 1985; American Heart Association Established Investigator, 2001).

--

D. Specialty and sub-specialty board certifications

List the specialty of the certification and the name of each board or other professional organization by which you have been certified. Also, give the date for each (e.g. Pediatric Infectious Diseases, American Board of Pediatrics, 1990).

--

E. Society Memberships

1. Local (elected/non-elected)

Please identify each membership listed as elected or non-elected and the year of election. (e.g., member, El Paso County Medical Society, non-elected, 1995).

2. Regional (elected/non-elected)

(e.g., Treasurer, Texas Medical Association, elected, 1985).

3. National/international (elected/non-elected)

(e.g., member, American Medical Association, non-elected, 1980; secretary, American Society of Microbiology, elected, 1982; fellow, Infectious Diseases Society of America, elected 1994).

F. Positions held

List each position (teaching, administrative, and other) you have held subsequent to completion of your postdoctoral education. Give beginning and ending dates and the institutions and locations for each position. If you were a member of the graduate faculty at another institution, give the dates of appointment and the name of the institution and location. If you held an academic appointment, give the appropriate dates and the name and location of the institution. If you were tenured at another institution, give the appropriate dates, name, and location of the institution. Underline your academic appointments at Texas Tech University Health Sciences Center or Texas Tech Health Sciences Center El Paso. Please include all academic appointments you hold or you held at all institutions.

Teaching

A. Teaching Responsibilities

Please refer to Section C of the PLFSOM Guidelines for Faculty Appointment, Tenure, and Promotion.

1. Teaching responsibilities (includes teaching to students, residents, fellows, continuing medical education, and/or lay public).

Provide the number of hours of direct instruction or supervision per year; separate by category of learner (e.g., medical students, residents or fellows). Please use the suggested template to provide the total number of direct instruction hours per year. (e.g., medical students- 40 hours, residents-100hours).

Teaching	Hour/Year
TOTAL:	

2. Teaching of medical students, residents and fellows

Provide the topic and number of hours of instruction/supervision per year and the approximate number of students, residents, or fellows impacted. Please use the suggested template. Submit between three and six resident/student evaluation forms in Appendix A(1)-- (e.g., anatomy of the central nervous system; 10 hours; 40 Medical Students. Lecture in PowerPoint, plus handout).

Topic	Activity Format	Hr/Year	Teaching Materials	Audience (Number)	Institution/Comments
TOTAL					

3. Continuing medical education

Please list the accredited continuing medical education programs you led or presented. Topic and number of hours of instruction per year; Approximate number of professionals impacted; Please use the suggested template; Submit no more than three (3) evaluations of CME activities presented by you in Appendix A(2).

Topic	Activity Format	Hr/Year	Teaching Materials	Audience (Number)	Institution/Comments
TOTAL					

4. Educational activities for the lay public

Topic and number of hours of instruction per year; Approximate number of individuals impacted. Please use the suggested template.

Topic	Activity Format	Hr/Year	Teaching Materials	Audience (Number)	Location/Comments
TOTAL					

5. Education administration

List courses, clerkships, graduate programs, residency programs and fellowship programs you have directed and include the dates.

6. Educational committees

List any state, regional, or national education committees on which you have served and the states (e.g., residency review committees, National Board of Medical Examiners), the dates of your membership, and any offices you have held (e.g., secretary).

B. Accomplishments in the scholarship of teaching

Local, regional, national/international: educational awards or innovation in education

1. Innovations in education

List new courses, residency programs, fellowship programs, workshops, laboratory exercises, and other educational components you have developed and the dates they were initiated. Please include developing curricula, organizing new teaching programs, substantially improving established courses, integrating teaching activities within or between departments, developing or facilitating improvements in teaching techniques and methods of evaluation, developing or substantially improving teaching resources such as syllabi, manuals, testing procedures, web cases, work case examples, and other electronic resources, including the preparation and evaluation of standardized patients and similar resources.

2. Education recognitions/awards

List any teaching awards you have received, the conferring body, and the dates (e.g. Best Teaching Faculty Award, conferred by medical student class of 2010, Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine, 2010).

--

C. Mentoring of learners

Mentoring is a system of semi-structured guidance whereby one person shares their knowledge, skills and experience to assist others to progress in their own lives and careers, e.g., regular career goal-setting exercises, individual-based feedback and discussion opportunities, or guidance in developing a specific skillset. Do not list the students and residents who only rotated in your laboratory or on your clinical service without any mentor-mentee relationship.

Students, residents, fellows, faculty and others

1. Undergraduate students, high school students and others

Please use the suggested template to list the name, beginning, and ending dates, and approximate number of hours/week of each undergraduate student, high school student, or other individual for whom you served as a research advisor, and the name of the program (e.g., Howard Hughes, SABR, and Clark's Scholars). Give the person's current title/position and location (if known).

Name	Dates	Hrs/Week	Program	Results or Comments
TOTAL				

2. Graduate students

Are you a member of the graduate faculty? Yes No

If so, date of appointment: _____

Please use the suggested template to list the name of each student for whom you served as an advisor or faculty mentor. Underline the names of students for whom you served as chairperson. Give the name of each student, the degree earned, the field of study, the name of the department and institution where the degree was earned, and the date the degree was earned. Asterisk (*) those students who did not complete their dissertation under your supervision. Give each student's current title/position and location (if known).

Name	Date of Earned Degree	Hrs/Week	Student Field	Dept/ Institution	Comments

Name of Candidate

TOTAL					

3. Medical students

Please use the suggested template to list the name and beginning and ending dates of each medical student for whom you served as a research advisor or faculty mentor, and the name of the program (e.g., Medical Student Summer Research Program).

Name	Dates	Hrs/Week	Program	Comments
TOTAL				

4. Postdoctoral fellows, research associates, residents, and fellows

Please use the suggested template to list the name of, and beginning and ending dates of each person for whom you served as an advisor or faculty mentor. Give each person's current title/position and location (if known).

Name	Dates	Hrs/Week	Program	Comments
TOTAL				

5. Faculty

Please use the suggested template to list the name of, and beginning and ending dates of each faculty member for whom you served as an advisor or mentor. Give each person's current title/position and location (if known).

Name	Dates	Hrs/Week	Program	Comments
TOTAL				

D. Scholarship

Please refer to Section D of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion.

Do not include any works in “submitted” or “in preparation” status.

A. Accomplishments in the scholarship of discovery

In 100 words or less, summarize your most important **discoveries** and **current scholarly activities or interests**, including research, contributions to medical education, and patient care. Please submit no more than **three** example publications of peer-reviewed scholarly works in Appendix B.

1. Publications

For sections one through six, please list according to category: grants, clinical trials, lab research, publications, books, book chapters, monograph, abstracts, presentations, exhibits, patents, consultant, manuscript reviewer, grant reviewer, etc. Give the complete citation of each published article or case report for which you are an author or co-author (in chronological order, ending with the most recent). **Place an asterisk (*) before those that were peer-reviewed. Print your name in bold letters and underline the name of the person who submitted the article). Include the beginning and ending page numbers.**

a. Published articles and case reports

Give the **complete** citation of each published article or case report for which you are an author or co-author (in chronological order, ending with the most recent). **Place an asterisk (*) before those that were peer-reviewed.** Give all of the authors' names exactly as they appear in the article or case report, print your name in bold letters, and underline the name of the corresponding author (the person who submitted the article). Include the beginning and ending page numbers. Please follow the format of the following example:

Lukyanenko V, I Gyorke, TF Wiesner, and S Gyorke. (2001). Potentiation of Ca²⁺ release by cADP-ribose in the heart is mediated by enhanced SR Ca²⁺ uptake into the sarcoplasmic reticulum. *Circ. Res.* 89, 614-622.

b. Articles and case reports in press

Use the same format as above, but give the date the article was accepted for publication. **Place an asterisk (*) before those that were peer-reviewed. Do not list the manuscripts in preparation or submitted without a final acceptance for publication. Attach a copy of an acceptance letter or email in Appendices.**

c. Books, chapters in books, and monographs

Give the complete citation of each book, chapter in a book, or monograph for which you are an author or co-author (chronological order, ending with the most recent). **Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the corresponding author.** Use the format of the following examples for books and chapters:

Bresnick, E, and A Schwartz. (1968). Functional Dynamics of the Cell, 482 pp., Academic Press, New York and London. Niemann, H. Molecular biology of clostridial neurotoxin. In: Alouf, JE and J Freer (eds). (1991). Sourcebook of Bacterial Protein Toxins, Academic Press, London, pp. 299-344.

d. Abstracts

Give the complete citation of each abstract for which you are an author or co-author (in chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the presenter's name. **Place a pound sign (#) before any abstracts that were not published.** Use the same format as that for published articles and case reports. **Place an asterisk (*) before those that were peer reviewed.**

e. Exhibits and productions

Describe any exhibits and productions for which you have been responsible (in chronological order, ending with the most recent). Indicate which of these have won awards (e.g. the AMA Billings Silver Medal). **Place an asterisk (*) before those that were peer-reviewed.**

2. Invited presentations

List the **invited** research presentations you have given at international, national, or regional meetings, symposia, workshops or Gordon Conferences, and invited research lectures (in chronological order, ending with the most recent). **Underline those presented at other institutions.** Give the title of your presentation; the name of the meeting, symposium, workshop, Gordon Conference or institution; and the date. **Place an asterisk (*) before those that were peer-reviewed.**

3. Patents

List the titles, authors and dates of issuance of the patents that have been granted.

4. Extramural professional service

In chronological order, ending with the most recent, under each of the following headings, give the beginning and ending dates for each appointment you have held as a regular or ad hoc member.

a. Manuscript reviewer for the following journals (dates not required)

b. Consultant to government agencies, private industries, or other organizations

c. Officer or committee member of scientific or professional organizations

d. Member of research grant study sections (e.g., NIH, AHA Western Review Consortium)

e. Member of editorial boards (e.g., circulation research)

5. Grants to support scholarly work

Under the categories listed below, list each grant or contract (on which you were a principal investigator or co-investigator (not consultant)) obtained to support your current scholarly activities or interests, including research and contributions to medical education, and/or patient care. Include the granting agency, grant number, beginning and ending dates, name of the principal investigator, title of the grant/contract, percentage of effort, and total direct costs for the duration of the grant. Place an asterisk (*) before any grant or contract that was peer-reviewed. Please follow the format of the following example: NIH R01 HL 34567; 07/01/98 – 06/30/03; John Doe (PI); Mechanisms of cardiac arrhythmias; 30% effort; \$1,000,000.

a. Intramural awards (e.g., seed grants)

--

b. Extramural awards

i. Local but not from TTUHSC or TTUHSC El Paso

--

ii. State and/or regional

--

iii. National and/or international

--

c. Grants reviewed but not funded

Give the priority scores and percentile scores (if available).

--

d. Grants submitted and under review

Give the dates of submission.

6. Sponsored clinical trials and drug studies

Supply the same information and use the same format as above for research grants.

B. Accomplishments in the scholarship of application

Please list any projects, contributions, funding awards, publications or established collaborative relationships with other disciplines, decision and policy-makers, or communities in order to apply theory to solve everyday problems. This part may include dynamic engagement and/or translation of new knowledge in practical interventions that either solve problems or improve the difficulties experienced by individuals and society. Creative intellectual work should not only be original and validated through peer review, but also communicated in appropriate ways to have impact or significance for publics beyond the discipline itself. Please follow the format of the following example: Enhancing the Practice of Evidence-Based Medicine at a County Hospital: Results of Two-Year Collaborative Project. Presented at the Annual Seminar of the Association of Program Director in Internal Medicine (APDIM), San Diego, 6-2002. Joe Hernandez; Barbara Winslow.

C. Accomplishments in the scholarship of integration

Please list or describe any innovative approaches taken in integrating knowledge, making connections across disciplines, placing the specialties in larger context, illuminating data in a revealing way, or educating non-specialists through disciplined work, to bring new insight to bear on original research. Please follow the format of the following example:

“Web-Based Computerized Clinical Skills Assessment. John Bartlet, M.D., Department of Internal Medicine, 2004. This web-based learning tool consists of 12 modules and 150 pre-tests and post-tests questions. The questions, which covered key topics of core competencies, were thoroughly referenced, researched and tested. They were adopted and endorsed by several residency programs in the country.”

D. Recognitions/awards for accomplishments in scholarship

List recognitions and/or awards you have received, the conferring body, and the dates (e.g., Dean' Award for Young Investigator, PLFSOM, Texas Tech University Health Sciences Center El Paso, 2018).

[Empty box for listing recognitions and awards]

Clinical Service

Please refer to Section E of the PLFSOM Guidelines for Faculty Appointment, Tenure, and Promotion.

A. Clinical service responsibilities

For each of the categories below, list the current site of practice, hours per week, and your service physician primary responsibilities. Please follow the format of the following example:
University Medical Center, 20 hours, delivering direct inpatient care and supervising students and residents.

1. Clinical services, including consultations

a. In-patient clinical activity

b. Out-patient clinical activity

c. Telemedicine activity

2. Hospital appointments

List hospital appointments and the dates.

B. Clinical service productivities

The business office will provide the PLFSOM's CFAPTA with RVUs/year and billings/year. For each of the categories below, list the number of patients you have seen during the past year and briefly provide any other specific information that will help the committee evaluate your practice.

1. In-patient

2. Out-patient

3. Telemedicine

C. Clinical service contracts

List any funds received to perform services for the city, county, or state (please indicate dollar amounts of contract and those actually received).

D. Other accomplishments in clinical service

1. Clinical leadership

List any positions of leadership you have held such as head of a clinical (e.g., surgical) team, director of a clinical service, head of a division, or chair of a clinical department, and give the dates. Please also include the other clinical service related leadership and administrative activities such as services to organizations for patients, their families and community groups, services related to the development, management, evaluation, and improvement of clinical services, services of committees related to clinical services, public health or community health service, external consulting or services such as an expert witness, service to professional clinical organizations as a clinical care expert or reviewer for clinical care/quality improvement/innovations, participation in the clinical affairs of the hospital or faculty group practice, leading or developing innovative new models of clinical care and developing new clinical techniques or devices.

2. Recognitions and awards

Briefly describe any recognitions you have received at the local, state, regional or national level for excellence in clinical activity as evidenced by: awards; requests to write reviews; invitations to speak at meetings, workshops or symposia; letters from experts in your field; institutional peer, resident, or student evaluations; and patient surveys or letters. **Provide no more than three unsolicited letters or comments from patient satisfaction surveys in Appendix C.**

3. Innovation

In 100 words or less, summarize your role in the development of new clinical techniques, services, therapies, or health care delivery systems that have improved the health of the population you have served. Include how you evaluated the effectiveness (quality, utilization, access, cost, etc.) of the care being provided.

Academically-Related Public Service

Please refer to Section F of the PLFSOM Guidelines for Faculty Appointment, Tenure, and Promotion.

A. Administrative positions held

For each of the following categories, list the organizations, task forces, committees or programs on which you have served; the beginning and ending dates of your service; and any offices you held and whether you were elected, appointed, or volunteered for that service (e.g., Admissions Committee, 1999-present, appointed).

1. Departmental

2. Hospital

3. Institutional (TTUHSC EP, its component schools, and institutions you previously worked)

4. State and regional

5. National and international

B. Other academically-related public service accomplishments

1. Recognition

List any service awards you have received and the dates.

2. Innovation

List organizations, task forces, committees, or programs you have initiated and the dates of establishment.

3. Elected, appointed, and voluntary positions

For each of the following categories, list the organizations, task forces, committees, or programs on which you have served; the beginning and ending dates of your service; any offices you held; and whether you were elected, appointed, or volunteered for that position (e.g., El Paso Chapter, American Heart Association, 2010-present, voluntary).

a. Local

b. State and regional

c. National and international

Appendices

A. Teaching activities

1. Student/resident teaching

Provide between at least **three** but no more than **six** resident/student evaluation forms.

2. Continuing medical education

Provide no more than **three** evaluations from CME activities you have presented.

B. Scholarly works

Provide no more than **three** internet links to your peer-reviewed scholarly work. If works are unavailable on-line, provide a scanned PDF at the end of the application.

C. Clinical service

Provide no more than **three** unsolicited letters from colleagues or grateful patients that speak to your clinical practice or comments from patient satisfaction surveys.

D. Personal statement

Provide a personal statement no longer than **two** pages.

A. Personal statement (continued)

[Empty text box for personal statement]

Certification

I certify that I have read the [HSC EP OP 60.01](#), Tenure and Promotion Policy.

Initials: _____

I certify that I have read the Paul L. Foster School of Medicine [Guidelines for Faculty Appointment, Tenure and Promotion](#).

Initials: _____

I understand that the deliberations of the Tenure and Promotion Committee are confidential. I understand that I should not solicit any information about those deliberations from any member of the committee or anyone involved in the deliberations. I also understand that the results of committee deliberations serve as recommendations to the Dean, with the final decision made by the Board of Regents.

Initials: _____

I certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of Applicant

Date

I certify that I have read this application and, to the best of my knowledge, the information contained herein is true and correct.

Signature of Department Chair

Date