



MID-POINT REVIEW & TENURE AND/OR PROMOTION

DEPARTMENT COMMITTEE MEMBER

Confidentiality and Conflict of Interest Agreement

Last Name: _____ First Name: _____ Degree: _____

Department: _____ Rank: _____

I fully understand the confidential nature of the peer review process throughout the Mid-Point Review, 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 Department Mid-Point Review Committee, Department 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 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 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 Committee and Committee Chair, Department Tenure and/or Promotion Committee and Committee Chair, the Committee on Faculty Appointments, Tenure and Promotion, and Comprehensive Performance Evaluation (CFAPTA), 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 Department Mid-Point Review Committee or Tenure and/or Promotion Committee of any conflict of interest.

Signature: _____

Date: _____