TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
EL PASO
Paul L. Foster School *of* Medicine

2015-2016
Pre-Tenure and/or Pre-Promotion Review
& Tenure and/or Promotion
Committee Certification Form
Regarding Conflict of Interest and Confidentiality

Name (Last, First) _____

Academic Rank _____

Department _____

I fully understand the confidential nature of the Pre-Tenure and/or Pre-Promotion review process and agree: 1) to destroy or return all related materials; 2) not to discuss the applications, my evaluation, or the evaluation of other Department Pre-Tenure and/or Pre-Promotion Committee members, or their recommendation with any other individual except members of the Department Pre-Tenure and/or Pre-Promotion Committee or the Founding Dean of the School of Medicine.

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 acknowledges and maintains that all materials collected or generated as part of the Pre-Tenure and/or Pre-Promotion Application file constitute medical peer review documents. As such, this confidential information is not available to others outside the Pre-Tenure and/or Pre-Promotion process, 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 Pre-Tenure and/or Pre-Promotion Committee and Committee Chair, the Committee on Faculty Appointments, Tenure and Promotion, and Comprehensive Performance Evaluation, the Dean, the President, and Regents, respectively.

Signature: _____ **Date:** _____