

USF Morsani College of Medicine  
**Promotion and Tenure Application**

**Signature Page Instructions and Sample Binder  
2016 - 2017**

- Hard copies of certain signature pages are required for the candidate's file. The required signature pages, as listed below, must be placed in a light blue report cover (Product No. ACCO 25972, or similar). Please note that the signature pages must also be scanned as part of the application.
- Place a label on the binder cover as shown on Page 2. Be sure to include the candidate's name and department.
- Place divider tabs in the binder with the following headings:
  - Introduction
  - Evaluations
  - Tenure Recommendation (*If Applicable*)
  - Promotion Recommendation (*If Applicable*)
- Place the following original pages\* behind the appropriate binder tab:
  - **Introduction Tab**  

Page 1	Section I	Introduction
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  - **Evaluations Tab**  

Page 38	Section VIII	Evaluations by Department, College... Departmental Committee Narrative Chair's Letter of Support
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  - **Tenure Recommendation Tab (*If Applicable*)**  

Page 40-44	Section X	Tenure Recommendation, with appropriate signatures List of Departmental Committee Members, including rank
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  - **Promotion Recommendation Tab (*If Applicable*)**  

Page 45-48	Section XI	Promotion Recommendation, with appropriate signatures List of Departmental Committee Members, including rank
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- Hard copies of other signature pages (Chair's teaching evaluation and research review) are not required, but the signed pages must be scanned as part of the application.

\*Page Numbers listed above are from the 2015-2016 application. Numbers are subject to change upon release of the 2016-2017 application. Be sure that the appropriate pages are submitted in hard copy, regardless of page number.

Use Light Blue Pressboard Report Cover (ACCO #25972 or similar)

**Promotion and Tenure Application**

**2016 - 2017**

**Name**

**Department**



# UNIVERSITY OF SOUTH FLORIDA TENURE/PROMOTION APPLICATION

## MORSANI COLLEGE OF MEDICINE

### ACADEMIC YEAR 2016 - 2017 effective 2017 - 2018

#### I. INTRODUCTION

This form contains data required by the USF Board of Trustees. These data will be used by USF personnel, including deans, chairpersons, and USF faculty involved in peer evaluation pertaining to recommendations for tenure and/or promotion. Therefore, it is in the best interest of each applicant to ensure that the data are complete and accurate. Please attach additional sheets, if necessary, to give complete information. Original signatures are required on this form, which will become part of the faculty member's personnel file in the Office of Faculty and Academic Affairs.

*Applicants are encouraged to be familiar with the Morsani College of Medicine Appointment, Promotion and Tenure Guidelines dated April 24, 2009, which provide further guidance for faculty of the College. The Guidelines may be accessed for reference at: <http://hsc.usf.edu/facultyaffairs/COMAPTGuidelines.htm>.*

NAME:	_____	DEGREE:	_____
E-MAIL:	_____	MAIL POINT:	_____
COLLEGE:	<u>Medicine</u>		
DEAN:	_____	MAIL POINT:	_____
DEPARTMENT:	_____		
CHAIR/DIRECTOR:	_____	MAIL POINT:	_____

**PLEASE SUBMIT ONE ORIGINAL TENURE/PROMOTION APPLICATION.**

\_\_\_\_\_ I am seeking Tenure only.

\_\_\_\_\_ I am seeking Tenure **of Title only.**

\_\_\_\_\_ I am seeking Tenure and Promotion to the rank of \_\_\_\_\_

\_\_\_\_\_ I am seeking Tenure **of Title and** Promotion to the rank of \_\_\_\_\_

\_\_\_\_\_ I am seeking Promotion only to the rank of \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



### VIII. EVALUATIONS BY DEPARTMENT, COLLEGE, AND DEAN

Please attach copies of candidate's annual evaluations for each tenure-earning year for tenure candidates, and the last five years for promotion candidates. Both should be ordered with the most recent years first. Annual evaluations should include the standard University rating form and all evaluative narratives including the statements of "progress toward tenure" (for all faculty seeking tenure). Do not paginate the annual evaluations. Morsani College of Medicine candidates should place the annual evaluations in a separate electronic file as indicated in the application instructions.

In comparison with faculty in similar positions with similar assignments, indicate the candidate's performance in the following chart (evaluations must include all assigned duties including service). Use the following legend to complete the evaluation table below. **PROVIDE A DEFINITIVE EVALUATION** (that is, do not indicate that a candidate is *Strong/Outstanding* or *Satisfactory/Strong*. State *Outstanding* or *Satisfactory*).

O	=	Outstanding	W	=	Weak
ST	=	Strong	UN	=	Unacceptable
SA	=	Satisfactory	NA	=	Not Applicable

Performance Area	Lehigh Valley AP Committee Evaluation (If Applicable)	Department Faculty Committee Evaluation	Chair/Director Evaluation	College APT Committee Evaluation	College Dean Evaluation
Teaching					
Research, Scholarship, Creative Activity					
Innovation and/or Transformative Activities and Achievements (Optional)					
Service (all areas)					
Overall Quality					

**Guidelines for Evaluations:**

- Behind this page, each reviewing body should append a narrative to support the evaluation.
- Each narrative should include a careful analysis of the evaluation with rationale and reasons for positive and/or negative evaluation.
- Does the candidate work in reasonable harmony with his/her colleagues and students? Explain.
- Do the candidate's talents, expertise, experience and resources fit the needs, plans and goals of the Program/Department/College? Explain.
- The narratives should be appended in the order of review (Lehigh Valley committee (if applicable), department faculty committee, department chair, college committee, college dean).
- Where a split recommendation for Tenure &/or Promotion exists, the committee should provide a Majority Report and a Minority Report to provide a balanced view.

	Name	Signature	Date
Lehigh Valley AP Committee Chair			
Dept Fac Cmte Chair			
Department Chair			
College APT Committee Chair			
Dean or Designee			

**Insert Departmental Committee Narrative Here**

**Insert Chair's Letter Here**



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**Tenure  
Recommendation**

**COMPLETE THIS SECTION FOR TENURE<sup>1</sup> RECOMMENDATION**

**X. TENURE RECOMMENDATION**

The University has established minimum criteria for tenure and promotion as follows. Tenure and promotion in the professional ranks will be granted only to persons of significant achievement, especially in teaching, research/creative activity and service. As a minimum standard for tenure and/or promotion, there must be evidence of strong performance in both teaching and scholarship and outstanding achievement in at least one of these areas.

Academic units in which public/professional service receives significant prominence may so recognize service contributions within unit guidelines. [NOTE: **Tenure and promotion from Assistant Professor to Associate Professor must be recommended jointly.** That is, a candidate who is recommended for tenure must be recommended for promotion from Assistant Professor to Associate Professor and vice versa. A candidate who is not recommended for tenure cannot be recommended for promotion from Assistant Professor to Associate Professor and vice versa.]

1. Total length of time served in tenure earning position at the University of South Florida:  
\_\_\_\_\_
  
2. Total length of time that the nominee has served in tenure earning positions during his/her professional career at accredited institutions, other than the University of South Florida:  
\_\_\_\_\_
  
3. On the following table, list the names and locations of all institutions, including the University of South Florida, where the nominee served in tenure earning positions but did not earn tenure. In each case, indicate the length of each tenure earning period with beginning and ending dates as well as the highest ranks or titles held by the nominee during these periods.

Name of Institution	Highest Title/Rank	Beginning Date	Ending Date	Number of Years	Percentage of FTE

4. On the following table, list the names and locations of institutions at which the applicant actually held tenure prior to coming to the University of South Florida. In each case, show beginning and ending dates of tenured employment and highest title or rank.

Name of Institution	Highest Title/Rank	Beginning Date	Ending Date	Number of Years	Percentage of FTE

<sup>1</sup> This section applicable to Tenure of Title candidates as well.

**COMPLETE THIS SECTION FOR TENURE RECOMMENDATION**

**Note: A vote to "Defer" is applicable only to candidates applying prior to their 6<sup>th</sup> year in tenure-earning status.**

**Vote of the Departmental Tenured Faculty Advisory Committee (where applicable).** Please attach a list of the names of all Committee Members, including rank and department (Committee members are not required to sign their names).

#Grant	_____	#Defer	_____	#Deny	_____	#Abstain	_____	#Absent	_____	#Ineligible	_____
<p>I certify that the above accurately represents the secret balloting of the Committee.</p>											
Name, Advisory Cmte Chair:						Signature:					

**Note: In the following sections please include by race and gender the numbers of faculty Eligible (E) to serve in the tenure recommendation and the number of faculty who actually Served (S).**

**Vote of the Departmental Tenured Faculty.** Please **attach a list** of the names of all tenured faculty members eligible to vote, including rank and department (faculty are not required to sign their names).

	American Indian or Alaskan Native		Asian or Pacific Islander		Black, not Hispanic		Hispanic		White, not Hispanic		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
E												
S												

#Grant	_____	#Defer	_____	#Deny	_____	#Abstain	_____	#Absent	_____	#Ineligible	_____
--------	-------	--------	-------	-------	-------	----------	-------	---------	-------	-------------	-------

I certify that the above accurately represents the secret balloting of the tenured faculty.

Name of person conducting vote:	Signature:
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**Vote of the College Committee (where applicable).** Please **attach a list** of the names of all Committee Members, including rank and department (Committee members are not required to sign their names).

	American Indian or Alaskan Native		Asian or Pacific Islander		Black, not Hispanic		Hispanic		White, not Hispanic		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
E												
S												
#Grant	#Defer		#Deny		#Abstain		#Absent		#Ineligible			

I certify that the above accurately represents the secret balloting of the eligible membership of the College Committee.

Name, College Cmte Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

## **Insert Departmental Committee Roster Here**

- **List name and rank of each committee member**

## **Insert Departmental Committee Roster Here**

- **List name and rank of each committee member**

**RECOMMENDATIONS ON THE CANDIDACY FOR TENURE**

***Department Chair***

My recommendation is to GRANT tenure for this candidate.

My recommendation is to DEFER tenure at this time (applicable only to candidates applying prior to their 6<sup>th</sup> year in tenure-earning status).

My recommendation is to DENY tenure for this candidate.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***College Dean***

My recommendation is to GRANT tenure for this candidate.

My recommendation is to DEFER tenure at this time (applicable only to candidates applying prior to their 6<sup>th</sup> year in tenure-earning status).

My recommendation is to DENY tenure for this candidate.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF REVIEW BY CANDIDATE PRIOR TO CONSIDERATION BY THE SENIOR VICE  
PRESIDENT, USF HEALTH.**

I have reviewed the ratings and recommendations made on my application and have had the opportunity to enter a statement as provided above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signing indicates only review of the document(s) involved in my nomination. It does not imply consent, approval or agreement.

***Senior Vice President for USF Health***

\_\_\_\_\_ My recommendation is to GRANT tenure for this candidate.

\_\_\_\_\_ My recommendation is to DEFER tenure at this time (applicable only to candidates applying prior to their 6<sup>th</sup> year in tenure-earning status).

\_\_\_\_\_ My recommendation is to DENY tenure for this candidate.

Name: Charles J. Lockwood, MD

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Promotion  
Recommendation**

**COMPLETE THIS SECTION FOR PROMOTION RECOMMENDATION**

**XI. PROMOTION RECOMMENDATION**

The University has established minimum criteria for tenure and promotion as follows. Tenure and promotion in the professional ranks will be granted only to persons of significant achievement, especially in teaching, research/creative activity and service. As a minimum standard for tenure and/or promotion, there must be evidence of strong performance in both teaching and scholarship and outstanding achievement in at least one of these areas. Academic units in which public/professional service receives significant prominence may so recognize service contributions within unit guidelines. [NOTE: **Tenure and promotion from Assistant Professor to Associate Professor must be recommended jointly.** That is, a candidate who is recommended for tenure must be recommended for promotion from Assistant Professor to Associate Professor and vice versa.

A candidate who is not recommended for tenure cannot be recommended for promotion from Assistant Professor to Associate Professor and vice versa.]

**Note: In each section please include by race and gender the numbers of faculty Eligible (E) to serve in the promotion recommendation and the number of faculty who actually Served (S).**

**Vote of the Lehigh Valley Appointment and Promotion Committee (If Applicable).** Please **attach a list** of the names of all Committee Members, including rank and department (Committee members are not required to sign their names).

	American Indian or Alaskan Native		Asian or Pacific Islander		Black, not Hispanic		Hispanic		White, not Hispanic		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
E												
S												

#Grant                      #Deny                                      #Abstain                                      #Absent                                      #Ineligible \_\_\_\_\_

I certify that the above accurately represents the secret balloting of the faculty. Name, \_\_\_\_\_

LVHN Committee Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

**Vote of the Departmental Faculty Committee.** Please **attach a list** of the names of all Committee Members, including rank and department (Committee members are not required to sign their names).

	American Indian or Alaskan Native		Asian or Pacific Islander		Black, not Hispanic		Hispanic		White, not Hispanic		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
E												
S												

#Grant                                    #Deny                                    #Abstain                                    #Absent                                    #Ineligible \_\_\_\_\_

I certify that the above accurately represents the secret balloting of the faculty. Name,  
Dept. Cmte. Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

**Vote of the College Committee.** Please **attach a list** of the names of all Committee Members, including rank and department (Committee members are not required to sign their names).

	American Indian or Alaskan Native		Asian or Pacific Islander		Black, not Hispanic		Hispanic		White, not Hispanic		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
E												
S												

#Grant                                    #Deny                                    #Abstain                                    #Absent                                    #Ineligible \_\_\_\_\_

I certify that the above accurately represents the secret balloting of the faculty. Name,  
College Cmte. Chair: \_\_\_\_\_ Signature: \_\_\_\_\_

**RECOMMENDATIONS ON THE CANDIDACY FOR PROMOTION**

***Department Chair***

My recommendation is to GRANT promotion for this candidate.

My recommendation is to DENY promotion at this time.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***College Dean***

My recommendation is to GRANT promotion for this candidate.

My recommendation is to DENY promotion at this time.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF REVIEW BY CANDIDATE PRIOR TO CONSIDERATION BY THE SENIOR VICE  
PRESIDENT, USF HEALTH.**

I have reviewed the ratings and recommendations made on my application and have had the opportunity to enter a statement as provided above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signing indicates only review of the document(s) involved in my nomination. It does not imply consent, approval or agreement.

***Senior Vice President for USF Health***

\_\_\_\_\_ My recommendation is to GRANT promotion for this candidate.

\_\_\_\_\_ My recommendation is to DENY promotion at this time.

Name: Charles J. Lockwood, MD Signature: \_\_\_\_\_ Date: \_\_\_\_\_