## Instructions for Generating the Academic Merit Plan (AMP)

## 1/1/2018 – 12/31/2018

All documents MUST be typewritten. The Merit Plan Executive Committee will not review forms that are not typewritten. The Merit Plan office must receive a HARD COPY signed by both the faculty member and the departmental chair. Please call Sylvia Reid in the Merit Plan Administration Office at x3534 if you have any difficulty accessing or completing the forms.

**Face Sheets** Your department should have a face sheet already populated with your CREATE profile. If not, please contact the Merit Plan office (x3534) to have one issued. *Please check your face sheet carefully*. The CREATE profile listed on that form is the one that will be used to evaluate your performance. Please make any necessary changes on the form and it will be updated when it is submitted to the Merit Plan office. If this is your first year being reviewed, please encircle the *Date of Faculty Appointment* in red ink.

On the Academic Merit Plan webpage, there are guidelines for allocation of effort/criteria for evaluation as well as other relevant materials regarding the Academic Merit Plan.

Remember that your signature signifies that the process has taken place, but does not commit you to agreement with the evaluation.

Do not sign your face sheet until:

* Your face sheet has been completely filled out
* You have checked that the data are accurate to the best of your knowledge
* You have had a conference with your chair.

Arrange your conference with your chair as soon as possible after completing the data forms. If you are a member of a Type II center, then the meeting should be with your chair and your center director. All Academic Merit Plan review materials MUST be received by the Merit Plan Executive Committee Administrative office by **March 22, 2019**. Please make sure you save a copy of your completed packet and your department should keep a file copy as well.

**Research-in-Residence** If you are Research-in-Residence (have an in-residence appointment, AND you are in the Investigator professional category), AND you are *in the first four years of your appointment*, please complete the faculty Research-In-Residence category Evaluation Form as well as the standard annual merit review forms. If you have a mentor, both you and your mentor should sign it.

**Expectations Form** Each Expectations Form is a tool for discussion between the faculty member and the chair (and center director if applicable). It should be filled out prior to each faculty member’s meeting with the chair (and center director if applicable). If you are Research-In-Residence, it should be submitted with the package to the Merit Plan Executive Committee, otherwise please share the Expectations Form with your chair but it is not necessary to submit it to the Merit Plan Executive Committee as part of the package. Be aware that if you and your chair/center director agree to certain expectations, they may or may not result in a final rating of acceptable or superior by the Merit Plan Executive Committee; they must be in keeping with any criteria for merit that have been published.

**Grants** Be sure to indicate the beginning and ending dates for your grants and flag no cost extensions. If you are a Co-PI, so indicate with an asterisk. Membership in study sections should go in Research, not Excellence. Be sure to indicate if you are a chair of that section.

**Publications** In the citation provide the authors' names in the order listed in final manuscript, the complete title, bibliographic citation, date, andinclusive pagination for each manuscript. Place an asterisk (\*) by your name for each citation where you are the corresponding author (i.e., person most responsible for contents of manuscript). If you are a co-first/co-senior author, leave the authorship in the published order and clearly mark that you are a co-first or co-senior author. *Remember that publication citations can only be used once****.*** For example, if “in press” is used in one year, the publication may not be cited in the following year. You may decide which way you wish to record your publications, and need not record them all the same way, but they cannot be used again in the following year or re-used in a different status from the previous year. **Submit a copy of publications page from the last year’s evaluation package (not the entire package) or, restated; two years of publication history.**

**Teaching Awards**

If you have received a Teaching Award please indicate the Name and Nature of the award, how many constituents there are, and how often the award is given.

After you and your department chair (and center director, if applicable) have reviewed your materials, they are reviewed by the Merit Plan Executive Committee.  *Please do not assume that the members of the Merit Plan Executive Committee know anything about you.  Their evaluation can be made only on the basis of whatever material you submit. Your department chair (and/or center director) may write a letter to support his/her recommendation. You are also encouraged to supply a narrative of any accomplishments or factors that you feel are relevant to the evaluation, but are not captured in the forms*. *If you disagree with the rating you have been given by your chair (and center director, if applicable) you may write a letter explaining why you feel a different rating is more appropriate.*

Should the committee recommend that the dean change your merit rating, the dean also will only have the material you have supplied.

Please call the Merit Plan Executive Committee administrative office at x3534 with any questions or concerns.

**FACULTY ACADEMIC MERIT PLAN**

**CREATE Components**

[**Research Merit Component**](https://health.uconn.edu/faculty-handbook/wp-content/uploads/sites/97/2016/10/criteria_research.pdf)

[**Educational Merit Component**](https://health.uconn.edu/faculty-handbook/wp-content/uploads/sites/97/2016/10/criteria_education.pdf)

[**Administration Merit Component**](https://health.uconn.edu/faculty-handbook/wp-content/uploads/sites/97/2016/10/criteria_administration.pdf)

[**Transition Merit Component**](https://health.uconn.edu/faculty-handbook/wp-content/uploads/sites/97/2016/10/criteria_transition.pdf)

[**Excellence Merit Component**](https://health.uconn.edu/faculty-handbook/wp-content/uploads/sites/97/2016/10/criteria_excellence.pdf)

**Faculty Research-in-Residence Development Category Evaluation Form**

## For Calendar Year

## 1/1/2018 – 12/31/2018

***(to be used for Research-in-Residence faculty in the first 4 years of appointment)***

**MUST BE TYPEWRITTEN**

Do you have your own laboratory \_\_\_\_ or are you in the laboratory of a faculty mentor \_\_\_\_?

* Complete the evaluation package including the Grants, Education and Publications sections.
* Complete the Expectations section and include as part of the package submitted (ignore directions not to submit it).

**Complete this section:**

Document progress made during the past year that is not captured in the data you are submitting.

Describe administrative duties (if any):

If you are not currently an independent investigator, please state whether you are interested in becoming an independent investigator? In what time frame?

What are your plans in the upcoming year which will take you closer to realizing the goals outlined above?

Have you applied for extramural funding from governmental and private agencies which would be appropriate to your area of research?

If you have a mentor, please have your mentor complete the next section.

**Mentor (for in-residence faculty members who are not independent) should complete this section:**

Name of Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discuss overall accomplishments of this faculty member including strengths as well as areas targeted for improvement and plans for future career development.

Describe plans for encouraging investigator to become independent (if any). Has this faculty member in residence been advised to submit grants as a P.I.? Has this faculty member written papers as senior author? If no grants or senior author papers are anticipated, it is possible that a different type of appointment may be appropriate. Please discuss.

**Signature**

Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ACADEMIC MERIT DATA FORMS Calendar Year

## 1/1/2018 – 12/31/2018

## EXPECTATIONS FORM

## MUST BE TYPEWRITTEN

*Please complete this form for discussion with your chair. If your category is Research-in-Residence please submit this form with your packet to the Merit Plan Executive Committee.*

|  |  |
| --- | --- |
| **FACULTY NAME:** | **DEPARTMENT:** |

# EXPECTATIONS FOR January 1, 2019 – December 31, 2019 Please use additional sheets as necessary

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| --- |
| **Expectations related to Education:** |
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| **Expectations related to Research:** |
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| **Expectations related to Administrative Other aspects of academic effort:** |
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What do you plan to accomplish in the following year and which of these accomplishments would support an evaluation of “Superior Performance” based on the criteria? (This does not exclude consideration of other/different actions or achievements).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document was reviewed by the chair and the faculty member together on \_\_\_\_\_\_\_\_\_\_\_\_\_(date).

## Signature of Chair Signature of Faculty Member

## ACADEMIC MERIT DATA FORMS Calendar Year

## 1/1/2018 – 12/31/2018

## *Required Form: Teaching Worksheet to be completed by the Faculty Member*

|  |  |
| --- | --- |
| **FACULTY NAME:** | **DEPARTMENT:** |

**Please include only information for Calendar Year**

**1/1/2018 – 12/31/2018**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COURSES** | | | | | |
| **Course Number & Name** | **Role**  **(Course Director, Instructor, Lecturer, Teaching Assistant, Other (specify))** | **Student Group**  **(Dental Students, Medical Students, Graduate Students, Post-docs, Residents, Fellows, Other (specify)** | **Contact Hours/Year** | | |
| **Lect.** | **Sm. Grp.** | **Lab** |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **CME (Clinical Education)**  (Includes: attending rounds, morning report, noon conferences, grand rounds, consultation rounds, etc.) | |
| **CME (Clinical Education) Program** | **Hours/Year** |
|  |  |

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| --- | --- | --- | --- |
| **PRECEPTING**  (Includes: laboratory supervision, supervision in clinic, etc.) | | | |
| **Precepting Activity** | **Preceptee Group**  **(Resident, Fellow, Post-doc, etc.)** | **Preceptee (s)** | **Hours/Year** |
|  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **OTHER TEACHING ACTIVITY (tutoring, dental students, etc.)** | | | | | |
| **Teaching Activity** | **Role**  **(Course Director, Instructor, Lecturer, Teaching Assistant, Other (specify))** | **Institution** | **Contact Hours/Year** | | |
| **Lect.** | **Sm. Grp.** | **Lab** |
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| --- | --- | --- |
| **MENTORSHIP** | | |
| **Mentorship Activity** | **Mentee Group**  **(Junior Faculty, Post-doc, Medical Student, etc.)** | **Mentee (s)** |
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| --- | --- | --- | --- | --- | --- |
| **TOTALS** | | | | | |
|  | **Hours/Year** | | | | |
|  | **Lect.** | **Sm. Grp.** | **Lab** | **Clinical** | **Precepting** |
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## ACADEMIC MERIT DATA FORMS Calendar Year for the 12-month period 1/1/2018 – 12/31/2018

**Required Form: Sponsored Activity Worksheet**

|  |  |
| --- | --- |
| **FACULTY NAME:** | **DEPARTMENT:** |

## Please include only information for Calendar Year

## 1/1/2018 – 12/31/2018

**ADD INFO TO THIS PAGE ABOUT GRANT FUNDING PERIODS, EXTENSIONS, ETC**

Use additional sheets as necessary

Include any additional information you feel is relevant

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. RESEARCH GRANTS** | | | | | | | | | | | |
| **Status** | **Funding Agency**  **Name** | **Funding Agency Category**  **(NIH, NSF, Other Federal, Foundation, etc.)** | **Title of Grant** | **Role (PI,**  **Co-PI, Contributor)** | **% Effort** | **Current Year or Project**  **Direct**  **Costs** | **Current Year or Project**  **IDC** | **Current Year or Project Total Dollar Amount** | **Current Year Budget Period** | **Total Project Period** | **No Cost Extension**  **(Y/N)** |
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## ACADEMIC MERIT DATA FORMS Calendar Year for the 12-month period 1/1/2018 – 12/31/2018

**Required Form**: **Publications Worksheet**

|  |  |
| --- | --- |
| **FACULTY NAME:** | **DEPARTMENT:** |

**NOTE: Please provide full citations for all publications using the format described in the instructions.**

## Please list publications for 1/1/2018 – 12/31/2018 then list publications for 1/1/2017 – 12/31/2017

|  |  |  |
| --- | --- | --- |
| **PUBLICATIONS** | | |
| **Manuscript Citation** | **Type (Article, Book/Chapter, Case Report, etc.)** | **Peer Reviewed (Y/N)?** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRESENTATIONS** | | | | |
| **Presentation** | **Type (Scientific, Clinical, Other (specify))** | **Peer Reviewed (Y/N)?** | **Invited or Accepted?** | **Date & Location** |
|  |  |  |  |  |

Use additional sheets as necessary

## ACADEMIC MERIT DATA FORMS Calendar Year for the 12-month period 1/1/2018 – 12/31/2018

**Required Form**:  **Organizations, Boards, Reviewer, and Community Worksheet**

|  |  |
| --- | --- |
| **FACULTY NAME:** | **DEPARTMENT:** |

## Please include only information for Calendar Year for the 12-month period 1/1/2018 – 12/31/2018

Use additional sheets as necessary

Include any additional information you feel is relevant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMMITTEES, BOARDS, AND SCIENTIFIC ORGANIZATIONS** | | | | |
| **Name of Committee, Board, or Scientific Organization** | **Role** | **Hours/Year** | **UCHC/ External** | **Remarks** |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **OTHER ADMINISTRATIVE DUTIES** | | | | |
| **Description** | **Role** | **Hours/Year** | **UCHC/External** | **Remarks** |
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| --- | --- |
| **HONORS & AWARDS** | |
| **Name & Description of Award/Honor** | **Awarding Organization** |
|  |  |