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| **CHECKLISt**  **DOCUMENTATION for post-tenure review**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **MANDATORY: See SAPC Procedures for Post Tenure Review** | Included | Not applicable |
| ► One (1) CD or flash drive with ALL required documents and prints |  |  |
| **Curriculum Vitae:**  ► Current CV, including publications submitted and under review. For submitted publications, attach evidence that the publication is submitted**, such as an acknowledgement of receipt email.** |  |  |
| **STRONGLY REQUESTED BY THE SAPC** | **Included** | **Not applicable or decline to provide** |
| **Self Statement:**  ► Describe your work and productivity in all CREATE domains (including the clinical domain, if  applicable) over the five (5) years under review and any time that has passed since the end of your five year cycle. |  |  |
| **Grants:**  ► List of all grants received, with amounts and dates, and those submitted but not funded, including  the funding agency, date submitted, percentile score and pay line (if known) |  |  |
| **OPTIONAL: See SAPC Procedures for Post Tenure Review** | **Included** | **Not applicable or decline to provide** |
| ► Description of mitigating circumstances, in your self-statement  ► Letters from colleagues  ► Documentation of productivity not included in original merit review paperwork  ► Publications submitted but not accepted along with documentation of submission/rejection  ► Documentation of productivity since last merit review |  |  |

My signature on this document is testimony that I have been given the opportunity to provide any and all information I deem relevant to my post-tenure review.

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**Faculty Member’s Name Date**