CHECKLIST

- Please use the Checklist for your guidance in assembling packets.

- Should required materials be missing from the packets, the nominating Chair's office will be contacted. Packets that are not completely submitted by the due date will not be considered.

- Consideration of a nomination may be deferred at any time for lack of sufficient data.

DOCUMENTATION CHECKLIST FOR SAPC NOMINATION PACKETS
FOR _APPOINTMENT_ TO COMMUNITY FACULTY

DO NOT use this document in place of reviewing the NOMINATION INSTRUCTIONS

ALL listed materials **(1 – 8)** below should be submitted to _UCH-SAPC- Department Nominations- Deans Office_- in Teams **in pdf format in the order listed and named accordingly**

	Included	Missing
1. Completed Chair Nomination Form	_____	_____
2. Nomination Letter Must Include: (see page 2 #2 of Nomination Instructions for detail)		
• Proposed rank, professional category, leg	_____	_____
• Precise description of how each criterion of the professional category has been met	_____	_____
• New appointment: include offer letter	_____	_____
• Statement regarding competence (if relevant)	_____	_____
• Statement regarding teaching quality	_____	_____
3. Curriculum Vitae (see template): (see page 3 #3 of Nomination Instructions for detail)		
• Current copy: complete, accurate and signed and dated by nominee and **MUST** be organized according to the Nomination Instructions	_____	_____
4. Personal Statement (see template): (see page 4 #4 of Nomination Instructions for detail)		
(**MUST** be organized according to the criteria for the professional category /leg selected)	_____	_____
5. Forms: (if either form is not applicable, included <u>signed</u> sheet so marked) (see page 5 #5 of Nomination Instructions for detail)		
• Summary of Clinical Responsibilities (completed w/chair signature)	_____	_____
• Summary of Teaching Responsibilities (completed w/nominee signature)	_____	_____
6. References for Committee to contact: (see page 6 #6 of Nomination Instructions for detail)		
• Outside references (6-8) with complete mailing and email addresses	_____	_____
• (4) references from inside nominee's previous institution	_____	_____
• Students/residents (8-12) with complete email addresses	_____	_____
7. Manuscript Requirements: see: (see page 7 #7 of Nomination Instructions for detail)		
• Copies of 4-6 of the nominee's most significant manuscripts	_____	_____
• Documentation of publications	_____	_____
• Copies of acceptance letters/emails for accepted and "in press" publications	_____	_____
8. Required Additional Information: (see page 8 #8)		
• Documentation of any other awards or academic accomplishments mentioned in the nomination material that you wish the SAPC to consider regarding your nomination.	_____	_____

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HEALTH

DOCUMENTATION CHECKLIST FOR SAPC NOMINATION PACKETS		
FOR *PROMOTION* TO COMMUNITY FACULTY		

DO NOT use this document in place of reviewing the NOMINATION INSTRUCTIONS

ALL listed materials **(1 – 8)** below should be submitted to *UCH-SAPC- Department Nominations- Deans Office*- in Teams **in pdf format in the order listed and named accordingly**

	Included	**Missing**
1. Completed Chair Nomination Form	_____	_____
2. Nomination Letter Must Include: (see page 2 #2 of Nomination Instructions for detail)		
• Proposed rank, professional category, leg	_____	_____
• Precise description of how each criterion of the professional category has been met	_____	_____
• Statement regarding competence (if relevant)	_____	_____
• Statement regarding teaching quality	_____	_____
3. Curriculum Vitae (see template): (see page 3 #3 of Nomination Instructions for detail)		
• Current copy: complete, accurate and signed and dated by nominee and **MUST** be organized according to the Nomination Instructions	_____	_____
4. Personal Statement (see template): (see page 4 #4 of Nomination Instructions for detail)		
(**MUST** be organized according to the criteria for the professional category /leg selected)	_____	_____
5. Forms: (if either form is not applicable, included <u>signed</u> sheet so marked) **(see page 5 #5 of Nomination Instructions for detail)**		
• Summary of Teaching Responsibilities (completed w/nominee signature)	_____	_____
6. References for Committee to contact: (see page 6 #6 of Nomination Instructions for detail)		
• Peer references (7) with complete mailing and email addresses	_____	_____
• Students/residents (8-12) with complete email addresses	_____	_____