CHAIRPERSON'S NOMINATION FORM FOR PAID AND AFFILIATED FACULTY
(Please check all that apply and include this form with the nomination material)

Nominee’s Name: ___________________________________________________________________________________
Department: ___________________________________________________________________________________

Nominee is being considered for: ___Promotion ____Appointment ____Tenure
POSITION: ___Associate Professor ____Professor

Percentage of time devoted to the following activities for the period under review:
(If the work profile has varied over the years under review please discuss in your nomination letter)
___% Clinical _____% Research _____% Education _____% Administration _____% Other

TRACK: ____ In Residence _____ Affiliated _____ Tenure

PROFESSIONAL CATEGORY: For the nominee’s professional category, indicate the criterion on which the nomination is based
(and refer to Appendix B of the School of Medicine Bylaws for the detailed criteria in the category that all nominees must meet).

* CLINICIAN SCHOLAR:
Please refer to the following link on the Faculty Affairs website: Professional Categories. All requirements listed must be met.

* MEDICAL EDUCATOR (choose only one):
  ___ Clinical achievement
  ___ Research
  ___ Education
  ___ Health service management

* Note: Faculty in the Medical Educator professional category prior to September 12, 2016 are grandfathered and may opt to be evaluated on the old Medical Educator criteria (The development or improvement of a clinical, educational, or research service. There must be objective evidence of both the candidate’s personal contributions to the development or improvement (which must be significant) and the nature and extent of the enhanced service, including its new educational and/or research components that are deemed important.). If you choose this option please check the following:
  ___ Development or improvement of a clinical, educational or research service

* MEDICAL RESEARCHER:
Please refer to the following link on the Faculty Affairs website: Professional Categories. All requirements listed must be met.

* CLINICIAN INVESTIGATOR (choose only one):
appointment or promotion to Associate Professor (choose only one):
  ___ A record of sustained publication in refereed journals of results from original and independent investigations
  ___ A record of sustained publication resulting from collaborations and also periodically be the corresponding author of refereed publications devoted largely to nominee’s area of expertise

appointment or promotion to Professor (choose only one):
  ___ A record of sustained publication of original and independent research findings that are important
  ___ A record of sustained publication resulting from collaborations and made significant contributions to published work and be the occasional corresponding author in journals devoted to area of expertise

* INVESTIGATOR (choose only one):
appointment or promotion to Associate Professor (choose only one):
  ___ A record of sustained publication in refereed journals of results from original and independent investigations
  ___ A record of sustained publication resulting from collaborations and periodically be the corresponding author of publications devoted to nominee’s area of expertise

appointment or promotion to Professor (choose only one):
  ___ A record of sustained publication of original and independent research findings that have had demonstrable impact on the field
  ___ A record of sustained publication resulting from collaborations and made significant contributions to published work and demonstrated a sustained publication record as corresponding author devoted to nominee’s area of expertise

* CLINICAL XOLOGY (choose only one):
  ___ Played an effective and significant leadership role in the University, one of its components, or an affiliated hospital
  ___ Developed clinical services new to UConn Health
  ___ Published clinical observations, reviews, or analytic studies in peer-reviewed journals
  ___ Developed new curriculum offerings, educational programs, or teaching materials not previously available at UConn Health

PROFESSIONALISM:
___ I have reviewed with UME, GME, and Graduate Student education leaders to confirm that there have not been any professionalism/compact concerns regarding this faculty member.