UConn School of Medicine Post-Tenure Review

**Initial Assessment (5-Year Cycle)**

Faculty Checklist

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| **Name**:  |
| **Department:** **Division:**      **Center:**  **Date:**       |
| ***Required Materials Submitted*** |
| [ ]  | Five (5) Academic Merit Review packets (for each of the 5 years being reviewed) |
| [ ]  | CV: current, inclusive of publications currently under review/submitted  |
| [ ]  | Evidence of submission of current publications submitted/under review listed on CV, if applicable |
| [ ]  | Personal statement describing work and productivity in all CREATE domains during the 5-year cycle under review |
| [ ]  | Detailed description of mitigating circumstances that impacted performance during the 5-year cycle under review, if applicable |
| [ ]  | All grants submitted (funded and unfunded) during the 5-year cycle under review:Inclusive of: Name of each funding agency Date each grant was submitted Percentile score for each submission, if applicable Pay line, if known |
| ***Additional Documents Included with Submission*** |
| [ ]  | Letter(s) from colleague(s) testifying to specific areas of productivity during 5-year cycle under review |
| [ ]  | Documentation of productivity during 5-year cycle that was not supplied during the applicable Academic Merit Review |
| [ ]  | Publications submitted but not accepted, inclusive of documentation and date(s) of submission(s)/rejection(s) |

*Office of Faculty Affairs 11/1/2024*