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*