

PROPOSED FACULTY APPOINTMENT, SCHOOL OF MEDICINE
as **Associate Professor** or **Professor**

A. Candidate: _____
First name Middle initial Last name

Social security number (for faculty identification): _____

B. Proposed for appointment as _____ (academic rank)

tenure status (circle one): with tenure; in the tenure track; in the non-tenure track;
not applicable (part-time faculty)

In the department of _____

C. Application Checklist (all materials must be uploaded onto the faculty affairs website)

- Nominating letter from department chair that includes explanation of need for candidate and resource allocation
- Offer letter from department chair to candidate. The letter must include the following passage: "Before becoming effective, this faculty appointment must be approved by the University's Board of Trustees in accordance with the policies of Case Western Reserve University".
- A memo from the department or system committee on appointments, promotions, and tenure that recommends making the appointment, indicates the date of the recommendation, and the number voting for and against. Faculty rank and tenure are to be reported as separate votes and must be in accord with committee members' rank and tenure voting privilege.
- Candidate's *curriculum vitae* and bibliography
- Listing of past and present research support, if not included in CV
- Self-description of professional activities, maximum length 2 pages. May be attached to CV.
- Candidate's key reprints, a maximum of five reprints

Referee lists with complete email addresses:

- External referees - suggested by candidate and nominating chair. External referees are individuals who have not been collaborators, mentors, or other persons with whom the candidate has had a direct working relationship
 - For candidate for professor, **12-14** names and email addresses;
 - For candidates for associate professor, **10-12** names and email addresses
- Collaborators, former mentors and colleagues – **4** names and email addresses
- Faculty Teaching Referees – might include subject committee chairs, course directors; clerkship directors; residency directors– **4** names and email addresses
- Student and Trainee Referee List - might include current and former students; post-doctoral trainees and residents – **4** names and email addresses
- Teaching and Clinical Service Activities form (required **only** if candidate is a part-time CWRU faculty member proposed for full-time faculty appointment)
- Salary responsibility information:
 - a) CWRU-School of Medicine request for approval of faculty appointment salary form **or**
 - b) University Hospitals 310 form if a portion of CWRU salary will be cross-charged to University Hospitals, **or**
 - c) Memorandum from nominator stating that salary will be the responsibility of the affiliated hospital system
- Proof of terminal degree (M.D. and/or Ph.D.)
- Affirmative Action Approval form