

**COLLEGE OF PHARMACY
NON-TENURE TRACK FACULTY
APPOINTMENT OR PROMOTION
LONG APPLICATION FORM**

Instructions for Application Packet Submission

- ✓ **Type** and submit all materials as **single-sided** documents (handwritten applications will be returned).
- ✓ Be sure to sign the application. Unsigned applications will be returned.
- ✓ Submit long application and CV to the department chair.

After you submit your application:

- ✓ Department chair will include a letter of support and forward to the College Appointments and Promotions Committee for review and recommendation to the Dean.

Applicants for appointment:

- ✓ Applicants will be informed of the status of their appointment following the Board of Trustees meeting at which their application was approved. The Board of Trustees meet on a quarterly basis.

Applicants for promotion:

- ✓ Applicants will be informed of the status of their promotion in approximately March to May of the upcoming calendar year.

Review and Approval Timelines for Appointments/Promotions

The effective date of approved appointments coincides with the quarterly meetings of the NEOMED Board of Trustees. The candidates for appointment will receive formal notification after the next Board of Trustee meeting.

Appointments		Promotions
Board of Trustees Action	Effective Date	Board of Trustees Action
September	September 15	March
December	December 15	
March	March 15	Effective Date
June	June 15	July 1

You May Contact the Following NEOMED Staff Members with Questions

College of Pharmacy

- Patricia Stephens at (330) 325-6473 or pstephens@neomed.edu

Office of the Vice President for Academic Affairs

- Donna Boggs at (330) 325-6721 or dboggs@neomed.edu.

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Name		SSN (last 4)	
Hospital/Business Name		Phone	
Business Address			
City, State, Zip	Email		

I. EDUCATION AND TRAINING

A. BACCALAUREATE EDUCATION

School _____ Grad Date _____ Degree _____

B. PHARMACY EDUCATION

School _____ Grad Date _____ Degree _____

C. POST-GRADUATE TRAINING

Residency

Institution _____ City _____ State _____

Dates _____ Speciality _____

Institution _____ City _____ State _____

Dates _____ Speciality _____

Fellowship or Other Clinical Training

Institution _____ City _____ State _____

Dates _____ Speciality _____

D. Other Post-Baccalaureate Education (Master, Doctoral, etc.)

School _____ Grad Date _____ Degree _____ Major _____

School _____ Grad Date _____ Degree _____ Major _____

E. CERTIFICATION

Speciality _____ Year _____

II. PROFESSIONAL EXPERIENCE

A. CURRENT APPOINTMENTS

Pharmacy Practice

Dates

Academic

Dates

B. Previous Medical School Appointments

Title and Institution

Dates

GENERAL INFORMATION – Please review before proceeding

- Only include the three (3) most recent calendar years on application and documentation. Make sure to include the units you are claiming in the space provided and to calculate the total for each section on the total line.
- Space is limited - so abbreviate if applicable and if necessary, attached a separate sheet with detailed information. Do not put “see CV” on application.
- Session = A period during which the faculty member is engaged in teaching activities, usually an hour in length unless otherwise specified by department policy. Multiple units are not awarded when more than one learner is present.

III. EDUCATIONAL ACTIVITIES TOTAL EDUCATIONAL UNITS CLAIMED

A. Experiential pharmacy student and/or resident teaching (P1 Preceptor 5 units/student, P2/P3 Preceptor 10 units/student, P4 Preceptor 25 units/student, Resident preceptor 25 units/student month)

Pharmacy Education Track – max 150 _____
Clinical Associate Professor – max 270 _____
Clinical Professor – max 360 _____

College/Institution	Academic Year	Level (P1-P4, Resident)	# of Students	Length of Rotation (weeks)

B. Unstructured activities in pharmacy education – complete this question only if applying for Pharmacy Education Track (e.g., curriculum planning, examination writing & review, review sessions, etc.)

1 unit per session - max 150 _____

<u>Describe Activities</u> (indicate college)	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. Structured teaching at practice site (e.g., lecture, grand rounds, CME presentation) 5 units per session - max 150 _____

<u>Title of Course/Lecture</u> (include audience/attendees)	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

D. Structured teaching at Rootstown 10 units per session - max 150 _____

Academic Year	Title of Course/Lecture	Audience (P1-P4, Resident)	Hours of direct instruction

E. Recipient of teaching excellence award at the clinical campus and/or Rootstown setting

10 units per award – max 60 _____

Title of Award

Dates

_____	_____
_____	_____
_____	_____

F. Professional Development Advising Team at NEOMED

10 units per year – max 30 _____

Advising Team

Dates

_____	_____
_____	_____
_____	_____

G. Course Leadership (e.g., course director, course committee’s module director)

15 units per year – max 45 _____

Title of Course/Lecture

Dates

_____	_____
_____	_____
_____	_____

H. Recipient or co-recipient of a funded educational grant

50 units per year – max 150 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

I. Co-investigator of a funded educational grant

15 units per grant – max 90 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Other teaching activities

max 30 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. PROFESSIONAL STANDING

A. Academic or Clinical Awards/Honors (include organization/institution)

Date of Award

_____	_____
_____	_____
_____	_____

B. Honorary Degrees

Date of Award

_____	_____
_____	_____
_____	_____

C. Memberships in Professional Organizations	<u>Dates</u>	<u>Office Held</u>

D. Invited Memberships in Honorary Societies	<u>Dates</u>

V. SERVICE TOTAL SERVICE UNITS CLAIMED

A. Membership on University or College Committees	10 units per committee per year – max 90
<u>Name of Committee and Institution</u>	<u>Dates</u>

B. Chairperson of University or College Committees	15 units per committee per year – max 90
<u>Name of Committees and Institution</u>	<u>Dates</u>

C. Membership on hospital or health department committees	5 units per committee per year – max 30
<u>Name of Committee and Institution</u>	<u>Dates</u>

D. Service to or membership on boards of regional or national medical, scientific, or public health organizations	10 units per board per year –max 60
<u>Name of Board (indicate organization)</u>	<u>Dates</u>

E. Activities that promote the health of the community or profession of medicine	5 units per activity per year – max 15
<u>Describe Activities (indicate organization and hours involved)</u>	<u>Dates</u>

F. Other service activities

max 30 _____

Describe Activities

Dates

_____	_____
_____	_____
_____	_____

VI. RESEARCH AND SCHOLARLY ACTIVITY TOTAL RESEARCH AND SCHOLARLY UNITS CLAIMED

(Include complete citations and appropriately labeled unpublished works. Manuscripts submitted for publication should not be listed unless they have been accepted - must be in press).

A. Principle investigator or co-principal investigator of a funded research grant 50 units per grant – max 150 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Co-investigator of a funded research grant 15 units per grant – max 90 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Contributing investigator in a clinical trial or study 5 units per study – max 30 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Grants reviewer at a national level 25 units per organization – max 150 _____

Organization

Dates

_____	_____
_____	_____
_____	_____

E. Journal reviewer for a refereed journal 5 units per journal reviewed – max 60 _____

Journal (indicate number reviewed)

Dates

_____	_____
_____	_____
_____	_____

F. Case report in a refereed journal 10 units per journal – max 30 _____

Journal (include reference/citation)

Dates

_____	_____
_____	_____

G. Published letter to the editor in a refereed journal **5 units per letter – max 30**_____

Journal (include reference/citation)

Dates

H. Member of editorial board-peer reviewed journal **10 units per board per year – max 60**_____

Journal

Dates

I. Writing an invited editorial in a refereed journal **15 units per editorial – max 90**_____

Journal (include reference/citation)

Dates

J. Original publication in a refereed journal **25 units per publication – max 150**_____

Journal (include reference/citation)

Dates

K. Publication of a review article **25 units per publication – max 150**_____

Article (include reference/citation)

Dates

L. Publication of a book chapter **50 units per publication – max 150**_____

Book Chapter (include reference/citation)

Dates

M. Publication of a book **75 units per publication – max 225**_____

Book (include reference/citation)

Dates

N. Editor refereed journal **20 units per journal – max 120**_____

Journal

Dates

O. Assistant editor refereed journal

15 units per journal – max 90 _____

Journal

Dates

P. Invited visiting professor and/or guest lecturer outside own institution

10 units per presentation – max 60 _____

Title of Lecture (include location/organization and type of presentation)

Dates

Q. Presentation at local/state meeting

15 units per presentation – max 90 _____

Title of Lecture (where presented/organization and type of presentation)

Dates

R. Presentation at national/international meeting

30 units per presentation – max 180 _____

Title of Lecture (where presented/organization and type of presentation)

Dates

S. Consultant to external funded grant, medical or scientific organization or site or department review

5 units per consultation – max 30 _____

Describe Activities

Dates

T. Member of national consensus panel

20 units per panel – max 120 _____

Name of Panel

Dates

U. Scholarly consultation

10 units per consultation - max 90 _____

Describe Activities

Dates

V. Other research and scholarly activities

max 30 _____

Describe Activities

Dates

_____	_____
_____	_____
_____	_____

TERMS OF FACUTLY APPOINTMENT:

If approved, this Appointment is conferred in recognition and appreciation of your commitment to devote professional time and effort to the official programs and activities of the University. Faculty members may make significant contributions through teaching and mentoring students, conducting collaborative research with University investigators, and providing clinical training experiences. During your appointment you shall participate and contribute to the education, research and service missions of the academic department in which you receive your appointment. Your specific contributions to the missions of the Department and College will be mutually determined by you and either your department chair or a University official designated by your Department Chair.

As a condition of your appointment, you will be subject to the Faculty Bylaws, and the policies and procedures of the University, including those governing research. The Faculty Bylaws may be found at: <https://www.neomed.edu/3349-03-25-app-a-cop-procedure-for-appointment-promotion-reappointment-and-evaluation-non-tenure-track-faculty/>. Upon approval of a faculty appointment by the Board of Trustees, your receipt of the Certificate of Faculty Rank constitutes the "Notification of Appointment", as referenced in the faculty bylaws.

Any research projects for which you receive funding from or through the University must be approved by the proper compliance committee(s), including the NEOMED Institutional Review Board (IRB), if appropriate. If your funding is not from or through NEOMED or if the project is non-funded, you will need to have proper compliance approval through your institution of primary employment.

Faculty members are not considered to be officers or employees of the University with respect to claims of professional negligence arising from their clinical practices. They are not entitled to civil immunity from such suits even when acting in their teaching capacity. Through the acceptance of this appointment, you expressly waive the right to claim immunity under Ohio law and acknowledge that neither the University nor the College is responsible for providing a defense or for paying a judgment with respect to a claim of professional negligence filed against you. The University does not carry any insurance to cover professional negligence claims that may arise as a result of your clinical practice. Therefore, when you engage in a clinical practice, you must maintain professional liability coverage for your activities.

V. I certify to the best of my knowledge that all information on this application and attached and/or referenced pages is complete and correct. I understand the terms and conditions set forth herein and I accept this appointment to the Faculty if my application is approved.

Signature of Applicant (Required) _____

Date _____

VI. DEMOGRAPHIC INFORMATION (Optional)

The collection of demographic information enables the Northeast Ohio Medical University and its College of Medicine to report aggregate faculty characteristics to accrediting bodies, design appropriate faculty development opportunities and plan continuous quality improvement efforts for faculty life. Please take a moment to provide this information.

Gender

- Male
- Female

Date of Birth _____

Ethnicity (please check one)

- Hispanic or Latino
- Not Hispanic or Latins

Citizenship

- United States
- Permanent Resident
- Other (Country) _____

Race (please check one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

Veteran

Practice in a medically underserved neighborhood/area (please check only one if applies)

- Rural
- Urban