

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

Instructions for Application Packet Submission

- ✓ Use this application for; affiliated (voluntary) faculty appointment or promotion or for appointment or promotion in a secondary department.
- ✓ **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.
- ✓ Enclose current curriculum vitae (CV) with complete application (use of the phrase “see CV” as an entry on application will be disregarded).
- ✓ Application packet must include a letter of recommendation from the hospital department chair or other appropriate supervising physician.
- ✓ The NEOMED clinical department chair will submit the application packet to NEOMED’s Office of the Vice President for Academic Affairs for relay to the College’s Faculty Appointments and Promotions Committee.

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

***Please submit your completed application/promotion packet to the email below.
If you have any questions, you may also send them to the email below.***

- COMclinicalfaculty@neomed.edu

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Name		SSN (last 4)	
Hospital/Business Name		Phone	
Business Address		Fax	
City, State, Zip		Email	
Home Address		Phone	
City, State, Zip		<input type="checkbox"/>	Check if unlisted

I. EDUCATION AND TRAINING

A. BACCALAUREATE EDUCATION

School _____ Grad Date _____ Degree _____

B. MEDICAL EDUCATION

School _____ Grad Date _____ Degree _____

C. POST-GRADUATE TRAINING

PGY-1 (If different than residency below)

Institution _____ City _____ State _____

Dates _____ Speciality _____

Residency

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. ABMS or AOA CERTIFICATION

Speciality _____ Year _____

SubSpeciality _____ Year _____

II. PROFESSIONAL EXPERIENCE

A. CURRENT APPOINTMENTS

Medical Staff (list primary affiliation first)

Dates

Faculty of Medical School Appointment

Dates

B. Previous Medical School Appointments

<u>Title and Institution</u>	<u>Dates</u>
_____	_____
_____	_____

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. Unstructured clinical medical student and resident teaching (e.g., office, ward, operations, tutorial)

1 unit per session - max 150 _____
 (Clinical Associate Professor – max 270)
 (Clinical Professor – max 360)

<u>Describe Activities</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

B. Unstructured activities in medical education (e.g., curriculum planning, examination writing & review, review sessions, etc.)

1 unit per session - max 150 _____

<u>Describe Activities</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

C. Structured teaching on clinical campus (e.g., lecture, grand rounds, CME presentation)

5 unit per session - max 150 _____

<u>Title of Course/Lecture</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

D. Structured undergraduate teaching at Rootstown

10 units per session - max 150 _____

<u>Title of Course/Lecture</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

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

20 units per year – max 60 _____

Advising Team

Dates

_____	_____
_____	_____
_____	_____

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

15 units per year – max 145 _____

Title of Course/Lecture

Dates

_____	_____
_____	_____
_____	_____

H. Clerkship director/site director

30 units per year – max 90 _____

Site

Dates

_____	_____
_____	_____
_____	_____

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

50 units per grant – max 150 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

J. Co-investigator of a funded educational grant

15 units per grant – max 90 _____

Project Title

Dates

Source

_____	_____	_____
_____	_____	_____
_____	_____	_____

K. Other teaching activities

max 30 _____

Describe Activities

Dates

_____	_____
_____	_____
_____	_____
_____	_____

IV. PROFESSIONAL STANDING

A. Academic or Clinical Awards/Honors Date of Award

B. Honorary Degrees Date of Award

C. Memberships in Professional Organizations Dates Office Held

D. Invited Memberships in Honorary Societies Dates

V. SERVICE TOTAL SERVICE UNITS CLAIMED

A. Membership on NEOMED committees **10 units per committee per year – max 90**

Name of Committee Dates

B. Chairperson of NEOMED committees **15 units per committee per year – max 90**

Name of Committees Dates

C. Membership on hospital or health department committees **5 units per committee per year – max 30**

Name of Committee Dates

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</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

E. Student interviews for College of Medicine admission

1 unit per hour of interviews – max 45_____

<u>Describe Activities</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

F. Activities that promote the health of the community or profession of medicine

5 units per activity per year – max 15_____

<u>Describe Activities</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

G. Other service activities

max 30_____

<u>Describe Activities</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

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 90_____

<u>Project Title</u>	<u>Dates</u>	<u>Source</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Co-investigator of a funded research grant

15 units per grant – max 90_____

<u>Project Title</u>	<u>Dates</u>	<u>Source</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

5 units per organization – max 150 _____

Organization

Dates

_____	_____
_____	_____
_____	_____

E. Journal reviewer for a refereed journal

5 units per article reviewed – max 60 _____

Journal

Dates

_____	_____
_____	_____
_____	_____

F. Case report in a refereed journal

10 units per publication – max 30 _____

Journal

Dates

_____	_____
_____	_____
_____	_____

G. Published letter to the editor in a refereed journal

5 units per letter – max 30 _____

Journal

Dates

_____	_____
_____	_____
_____	_____

H. Member of editorial board-peer reviewed journal

10 units per board per year – max 60 _____

Journal

Dates

_____	_____
_____	_____
_____	_____

I. Author of invited editorial in a refereed journal

15 units per editorial – max 90 _____

Journal

Dates

_____	_____
_____	_____
_____	_____

J. Original publication in a refereed journal

25 units per publication – max 150 _____

Journal

Dates

_____	_____
_____	_____
_____	_____

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

<u>Journal</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

L. Publication of a book chapter **25 units per publication – max 75**_____

<u>Book Chapter</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

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

<u>Book</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

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

<u>Journal</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

O. Assistant editor refereed journal **15 units per journal – max 90**_____

<u>Journal</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

P. Invited visiting professor and/or guest lecturer outside own institution **60 units per presentation – max 60**_____

<u>Title of Lecture</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

Q. Platform presentation at regional meeting **15 units per presentation – max 90**_____

<u>Title of Lecture</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

R. Poster presentation at regional meeting **5 units per presentation – max 30**_____

<u>Title of Lecture</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____

S. Platform presentation at national or international meeting

30 units per presentation – max 180_____

Title of Lecture

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

T. Poster presentation at national or international meeting

10 units per presentation – max 60_____

Title of Lecture

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

10 units per consultation - max 60_____

Describe Activities

Dates

_____	_____
_____	_____
_____	_____

V. Member of national consensus panel (NIH, AHA, etc.)

30 units per panel – max 180_____

Name of Panel

Dates

_____	_____
_____	_____
_____	_____

W. Other research and scholarly activities

max 30_____

Describe Activities

Dates

_____	_____
_____	_____
_____	_____

TERMS OF FACULTY 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/3349-03-22-app-a-com-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