**Northeast Ohio Medical University**

**College of Medicine (COM) Affiliated Faculty Reappointment**

**Name**: «FULL\_NAME» **Rank**: «RANK»

**Please check one:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | I **do not** wish to be considered for reappointment to the NEOMED faculty effective *July 1, 2022*  because I have: | | |
|  |  | retired | |
|  |  | moved or will be moving from the consortium | |
|  |  | not been nor plan to be involved in teaching | |
|  |  | other (please describe) |  |

|  |  |
| --- | --- |
|  | I **do** wish to be considered for reappointment to the NEOMED faculty effective *July 1, 2022* and have been actively participating in the following activities from January 1, 2021 to December 31, 2021. |

**No need to calculate your hours, simply check all that apply:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Teaching:*** | | | | |
|  |  | Structured teaching (e.g., lecture, grand rounds) on a clinical campus | | |
|  |  | Structured teaching (e.g., lecture, CME) on the Rootstown campus | | |
|  |  | Unstructured medical student and resident teaching (e.g., rounds, precepting) | | |
|  |  | Recipient of a teaching excellence award | | |
|  |  | NEOMED Professional Development Advisory Team (PDAT) member | | |
|  |  | NEOMED course leader (please specify) | |  |
|  |  | Principal investigator for a funded educational grant | | |
|  |  | Co-investigator for a funded educational grant | | |
|  |  | Other teaching (please specify) |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Research and Scholarly Activity:*** | | | | |
|  |  | Principal investigator, co-investigator or contributing investigator for a funded research grant | | |
|  |  | National-level grants reviewer | | |
|  |  | Service to a refereed journal including reviewer, member of the editorial board, assistant editor or editor | | |
|  |  | Publications | | |
|  |  |  | original publication in a refereed journal including review articles, case reports and invited editorials | |
|  |  |  | book or book chapter | |
|  |  | Presentations | | |
|  |  |  | invited visiting professor and/or guest lecturer outside won institution | |
|  |  |  | presentation at regional or national meeting | |
|  |  | Consultations | | |
|  |  |  | external funded grant, medical or scientific organization, site or department review | |
|  |  |  | member of national consensus panel | |
|  |  | Other research and scholarly activity (please specify) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Service:*** | | | |
|  |  | NEOMED committees | |
|  |  |  | member |
|  |  |  | chair |
|  |  |  | University Faculty Council, CAPP or Clinical Council |
|  |  | Member of hospital or health department committee(s)s | |
|  |  | Service to or membership on boards of regional or national medical, scientific or public health organizations | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

**Our records indicate this is the best method to contact you, please take a moment to verify what is listed below. If you have any changes, please note the changes in the space provided below so we can update our records.**

Hospital Affiliation: «AFFILIATION\_DESC»

Hospital Name/Business Name: «STREET\_LINE1»

Address: «STREET\_LINE2» «STREET\_LINE3»

City, State, Zip: «CITY», «STATE» «ZIP»

Phone: «PHONE\_AREA» «PHONE\_NUMBER»

Email: «EMAIL\_ADDRESS»

**Enter updated business contact info below, if applicable**

**Please return no later than January 31, 2021**

Contact Name: Contact name here

Department: Department here

Address: Address here

City, State, Zip: City, State, Zip here

Phone: Phone here

Fax: Fax here

Email: Email here

**Thank you for your contributions to NEOMED**

**and the Department of «DEPARTMENT»!**