

# FACULTY APPOINTMENT, PROMOTION, AND/OR TENURE CHECKLIST/CONTENTS

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*This page is required for sequential page numbering of the entire appointment/promotion/tenure packet. If any listed item is not pertinent to the application, such as please insert 'not applicable' or 'NA'*

CANDIDATE/FACULTY NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

REQUEST(S): \_\_\_\_\_  
(e.g., Initial Appt; Promotion; Tenure; or Other [Please Specify])

RECOMMENDED ACADEMIC RANK: \_\_\_\_\_

AREA(S) OF STRENGTH (Same as specified on FAF. Must specify at least 1 of the 3 areas if Non-tenure Track; at least 2 areas if Tenure Track):  TEACHING  RESEARCH  SERVICE

	<u>Page Numbers</u>
1. Checklist/Contents Page	_____
2. Biographical Data Sheet (all appointments)	_____
3. Faculty Appointment Form (FAF)	_____
4. Faculty Verification of Curriculum Vitae (CV) Content	_____
5. <b>CURRICULUM VITAE (eTalus required)</b>	
• <b>GENERAL INFORMATION</b>	
a. Personal Data	_____
b. Education	_____
c. Training	_____
d. Academic Appointments	_____
e. Non-Academic Appointments	_____
f. Certification and Licensure	_____
g. Honors and Awards	_____
h. Professional Development	_____
• <b>TEACHING</b>	_____
a. Course-based Teaching	_____
b. Innovation in Teaching Methods	_____
c. Other Teaching	_____
Instruction: Individual; Group	_____
Supervision/Mentoring	_____
<b>RESEARCH</b>	_____
a. Expertise	_____
b. Current Projects	_____
c. Publications	_____
d. Presentations	_____
e. Research Grants	_____
f. Mentoring	_____

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### 5. CURRICULUM VITAE (eTalus required) *Continued*

- **SERVICE**

- a. Service Activities \_\_\_\_\_

- Administrative Responsibilities \_\_\_\_\_

- Patient Care \_\_\_\_\_

- Service to: Gov. Institution; Profession; Public \_\_\_\_\_

- b. Professional Organizations \_\_\_\_\_

- c. Grant Reviews \_\_\_\_\_

- d. Committees: Standing; Other \_\_\_\_\_

- e. Mentoring \_\_\_\_\_

6. Letter from the Department Chair and/or Dean \_\_\_\_\_

7. Letter from the Departmental/School Promotion, Tenure, and Appointments Committee \_\_\_\_\_

8. List of Individuals Submitting Letters of Support and/or Reference \_\_\_\_\_

- I. Letters from Outside References \_\_\_\_\_

- II. Letters from UTHSCSA Colleagues \_\_\_\_\_

- III. Letters from Students/Fellows/Residents \_\_\_\_\_

9. Transcript (in Original packet **only**) \_\_\_\_\_

- a. Transcript translation and verification, if original not in English \_\_\_\_\_

10. Other Materials (List): \_\_\_\_\_