COLLEGE of HEALTH and HUMAN SERVICES GUIDELINES for REVIEW and PROMOTION of CLINICAL FACULTY

I. OVERVIEW

The University of New Hampshire (UNH) Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures is the definitive document that governs appointment and reappointment, workload, responsibilities and privileges, performance review, and promotion review for Clinical Faculty. The purpose of this document is to delineate the guidelines for promotion of Clinical Faculty in the College of Health and Human Services (CHHS) and is meant to supplement university policy and procedures and not supplant them.

The College believes that promotion of Clinical Faculty provides a mechanism to recognize outstanding Clinical Faculty for excellence in fulfilling their unique roles in CHHS and for leadership in their profession at the college, university, state, and national levels. Although specific examples of evaluative criteria are provided, it is not the intent to suggest candidates must achieve all such indices. To the contrary, this document should be used as a starting point for all considerations of Clinical Faculty promotion. While example evaluative criteria are provided in this document, they should be delineated at the department level by the candidate, Department Promotion Committee, and the Department Chair.

The specific criteria used for any particular candidate should be sensitive to the scope of the Clinical Faculty member’s prescribed role within her or his department that is clearly articulated in the Description of Responsibilities provided at appointment. These responsibilities should be reviewed annually by the Chair and updated as necessary. Any changes to responsibilities during the academic year should be negotiated between Clinical Faculty, the Department Chair, and Dean of CHHS. The workload units associated with assigned responsibilities should be documented and the agreement signed by the faculty member, Department Chair, and Dean. When service is an expectation, Clinical Faculty generally perform one unit of service, equivalent to the amount of time it takes to prepare and teach one 3- or 4-credit course.

While the individual roles of Clinical Faculty in the college vary considerably, the standards for promotion should be consistent. The promotion decision should be based on two elements. First is the Clinical Faculty member’s performance in her or his prescribed role within the department. The second element is leadership which is represented by the capacity to improve professional education and practice.

II. ANNUAL EVALUATION and TIMELINE

Clinical Faculty are to be evaluated by the Department Chair every year according to university, college, and department guidelines. If Clinical Faculty have supervisors other than the Chair, the Chair should solicit feedback from the supervisor to be considered in the annual evaluation. For Clinical Faculty for whom teaching is a responsibility, peer teaching evaluations should be performed at a minimum once per contract period. To aid in evaluation, Clinical Faculty must complete an annual report of activities each academic year via the University adopted system.
This report, which combines self-evaluation and objective data, is used by the Chair to provide written feedback to faculty in their annual evaluations. These evaluations also are intended to be prescriptive, providing a formal means by which the Chair can make suggestions for improving the faculty member’s performance in the following year. Clinical Faculty are to receive written evaluation by the Dean of CHHS annually for the first three years of appointment, and at a minimum once per contract period thereafter.

In accordance with the university Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures, all Clinical Faculty shall complete an annual report by May 15th each academic year using the University annual activity reporting system. Clinical faculty are responsible for scheduling a meeting with the Chair before June 1st so the Chair is able to provide written performance review by June 15th.

III. ELIGIBILITY for PROMOTION

Benefits-eligible (75% FTE and above) Clinical Faculty have opportunities for promotion from Clinical Assistant Professor to Clinical Associate Professor to Clinical Professor. In CHHS, a minimum of a master’s degree is required for promotion from Clinical Assistant Professor to Clinical Associate Professor, and from Clinical Associate Professor to Clinical Professor, unless a more advanced degree is specifically required by a program, department, institute, or accreditation body. Clinical Faculty are not required to seek promotion. If a Clinical Faculty is not promoted, the existing academic title will remain in place.

As described in the University Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures the Clinical Faculty in consultation with the Chair will initiate the promotion process. While there is no minimum or maximum number of years of service for eligibility for promotion, it is typical that the process for evaluation of promotion to Clinical Associate Professor be initiated in the sixth or subsequent year of continuous or cumulative employment at UNH at the rank of Clinical Assistant Professor. It is typical that the process for evaluation of promotion to Clinical Professor be initiated in the fifth or subsequent year of continuous or cumulative employment at UNH at the rank of Clinical Associate Professor.

Role of Doctoral Work in the Promotion Process
Depending on program, department, institute, or accreditation body requirements, a doctoral degree may or may not be required for promotion. Regardless, doctoral work (either in process or completed) may be used to contribute to the promotion document. The candidate, Clinical Promotion Committee, and Department Chair must describe how this work has contributed to the enhancement of the candidate’s role and leadership in the department and/or field.
IV. CRITERIA for PROMOTION

Clinical Associate Professor

The University guidelines on *Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures* state a Clinical Associate Professor shall have attained a terminal degree or a combination of a non-terminal degree and significant professional experience appropriate for her or his field, shall have had five or more years of successful teaching and/or other relevant experience, and shall have shown evidence of professional development and/or leadership at the regional and/or national level. Unless specifically waived, a Clinical Associate Professor will hold current licensure/certification as appropriate to the field.

In CHHS, considerations for promotion to the rank of Clinical Associate Professor will require candidates’ consistent demonstration of successful teaching and dissemination of clinical knowledge (e.g. consistently performing at or above average on quantitative evaluations of instructor effectiveness) as opposed to merely satisfactory teaching. The candidate should also demonstrate excellence in clinical expertise that may be characterized by outstanding supervision of students in on- or off-campus settings, performance of clinical services, program management and operation, curriculum development, maintenance of accreditation standards, and engagement with external agencies. When service is an assigned responsibility, the candidate should have service that reflects increased leadership in the department, college, university, profession, or community. The candidate should have demonstrated a high level of professional accomplishment and achieved a state, regional, and/or national reputation in her or his area of expertise.

Clinical Professor

The University guidelines on *Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures* state a Clinical Professor shall have, in addition to the above criteria, a background of significant successful teaching, marked by the perspective of maturity and experience, substantial professional experience appropriate for her or his field, and a record of outstanding contributions, to her or his profession and academic discipline at the national and/or international level. Unless specifically waived, a Clinical Professor will hold current licensure/certification as appropriate to the field.

In CHHS, promotion to the rank of Clinical Professor will be based upon the candidate’s sustained record of excellence and increased leadership since promotion to the rank of Clinical Associate Professor. The candidate should demonstrate excellence in clinical expertise that may be characterized by outstanding supervision of students in on- or off-campus settings, performance of clinical services, program management and operation, curriculum development, maintenance of accreditation standards, and engagement with external agencies that have the capacity to shape clinical practice. The collective results of these activities should portray a high level of professional leadership and accomplishments and the candidate should have achieved a regional, national and/or international reputation in the field.
V. PREPARING the PROMOTION DOSSIER

The University Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures document describes the responsibilities of Clinical Faculty that may include Clinical Teaching, Other Teaching, Clinical Activities, Service, Program Direction, and Clinical Research/Applied Scholarship (where required by accreditation or licensure/certification and approved by the Chair and Dean). It is suggested that candidates review the definitions of these responsibilities to aid in documenting activities under the appropriate categories. Due to the diverse responsibilities of Clinical Faculty in CHHS, evaluation for promotion may be based on any combination of these categories depending on the candidate’s assigned responsibilities in the department. Thus, it is extremely important that the Description of Responsibilities and Evaluative Criteria provided to the candidate by the Chair, for each year of appointment, be included as the first section of the dossier. If this documentation is not available for each year of the evaluation period, the Chair shall provide a written summary of the assigned responsibilities for the period under consideration. Candidates should then prepare the dossier for promotion according to the guidelines provided in the Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures document to include a curriculum vitae, statement of the candidate’s opinion of her or his effectiveness in Clinical Teaching, Other Teaching, Clinical Activities, Service, Program Direction, and/or Clinical Research/Applied Scholarship (as appropriate), and other supporting documentation as described below.

Confidentiality
Letters of evaluation solicited from students, colleagues, service collaborators, external evaluators, and other parties, will be treated as confidential and not shared with the candidate. However, University policies allow candidates to know whose evaluations were solicited during the promotion process. Additionally, under recent legal precedents UNH, like any other college or university, may be required to disclose evaluations along with other materials in the course of certain legal proceedings.

Retention of Records
The Dean's office will keep the narrative, confidential letters of all kinds from the appendix upon which the evaluatory letters of the department, chair, college panels, and deans are based, and copies of those evaluations/recommendations. These materials will be kept for four years and then destroyed according to the UNH Policy Regarding Retention of Promotion and Tenure Files.

The Dean's office will return to the department other parts of the appendix. The department should retain teaching evaluations (both summaries and raw forms upon which decisions were based) and other materials used in reaching the department’s and chair’s recommendation. The department should retain these materials for 4 years, after which time they should be destroyed. Please see the UNH Policy Regarding Retention of Promotion and Tenure Files for full details.

VI. TEACHING

According to the University Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures Teaching encompasses the instruction of Clinical Courses, instruction of Other
Courses, and Clinical Activities. To facilitate preparation of the dossier, and the review of the candidate’s teaching effectiveness, the candidate should write a single statement of her or his opinion of the effectiveness in teaching for Clinical and Other Courses. However, when describing teaching responsibilities, the candidate should clearly articulate which courses are considered clinical and which are not based on the definitions provided in the University Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures.

**Documentation of Teaching Clinical and Other Courses**

This section applies to those for whom academic teaching is a requirement of their position as Clinical Faculty. It is understood that while some Clinical Faculty may teach courses, others may not. In cases of the latter this section does not need to be addressed. Candidates engaged in clinical supervision, or other clinical teaching for which no course is assigned, are instructed to describe these activities in the “clinical activities” section of the document. Teaching effectiveness can and should be documented by quantitative and/or qualitative evidence whenever possible.

Documentation of teaching effectiveness begins with the candidate’s statement describing her or his teaching load and activities. The statement should include information as it applies to the individual Clinical Faculty member about:

1. The assigned teaching load indicating which courses are considered Clinical Courses and which are considered Other Courses (other courses should be < 50% of teaching workload according to University policy). Include a table of courses taught (by year, course number, and frequency of offering) since appointment for Clinical Assistant Professors or since promotion for Clinical Professors.
2. The candidate’s main fields of teaching interest and competence.
3. Include a summary table of the individual and average scores for questions 1-14 from student evaluations for each course, along with response rates.
4. The candidate’s own opinion of the effectiveness of her or his teaching, and teaching philosophy. Candidates should discuss the three highest mean scores and three lowest mean scores on questions 1-13 of the student evaluation of teaching.
5. Innovations or special methods used by the candidate in her or his teaching.
6. Copies of all student evaluations and peer evaluation of teaching should be included in an appendix.
7. The candidate’s own opinion of the effectiveness of her or his advising of undergraduate students and advising philosophy. Include a table showing the number of advisees each semester and explain the structure of advising in the academic program.
8. Advising of master’s and PhD candidates explaining the candidate’s role and effectiveness.

Additional documentation as appropriate to the candidate’s teaching role may be included such as:
- Role in curriculum and program development.
- Description of steps taken to improve teaching effectiveness.
- Documentation and description of departmental and interdepartmental activities involving curriculum and program development.
• Evidence of effectiveness in mentoring other faculty on their teaching.
• Description of curricular revisions, or revisions in other forms of teaching. This may include new course projects, materials, class assignments, or other activities.
• Evidence that teaching methods and course content are peer-reviewed periodically. Peer review may be conducted by CHHS senior faculty and/or outside experts, including faculty or staff associated with the UNH Teaching Excellence Program. Peer review may include summaries of classroom visitations, written reviews of course syllabi and other course materials, and evaluation of the candidate’s analysis and responsiveness to students’ evaluations of teaching.
• Evidence of teaching contributions linking classroom activities with health and human services agencies or clinical practice partners.
• Publications (refereed articles, monographs, textbooks, and/or chapters in books), presentations, and/or other means by which the candidate has disseminated information related to teaching effectiveness and the pedagogy of teaching.
• Contributions to or editing for a professional journal on teaching in the candidate’s discipline.
• Grants to support instructional activities, including pre-service and in-service personnel preparation grants.
• Documentation of awards and other forms of special recognition for excellence in teaching.

Documentation of Clinical Activities

This section applies to those for whom clinical activities is a requirement of their position as Clinical Faculty. It is understood that while some Clinical Faculty may engage in clinical activities, others may not. In cases of the latter this section does not need to be addressed. Documentation of clinical activities should be based on the Clinical Faculty members’ prescribed role within their department as described in the Description of Responsibilities. This documentation should be carefully selected and presented to demonstrate the scope and effectiveness of the faculty member’s performance in fulfilling her or his clinical role. Statements about the effectiveness of clinical activities should be supported by quantitative and/or qualitative evidence whenever possible. Documentation of the effectiveness of clinical activities should begin with the candidate’s statement describing her or his clinical activities including main fields of clinical interest, clinical practice, and competence.

1. The clinical activities performed by the candidate should be briefly summarized in the context of Description of Responsibilities and workload for the benefit of the committee who may be unfamiliar with the profession.
2. The candidate’s own opinion of the effectiveness of her or his clinical activities.
3. Documented evaluations of clinical activities. If no evaluation process is in place, the candidate should provide a list of contacts so that the department promotion committee can solicit feedback (e.g. participant feedback surveys, community partner feedback, etc.)
4. Documented clinical intervention and outcomes such as developing innovations, special assessment, intervention, evaluation methods, and new programs to meet client needs.
5. Documents or data that describe clinical or professional leadership activities including but not limited to public health initiatives, brochures and other health education materials developed for the public, data to support health care, public policy or clinical initiatives, and book or journal reviews.
6. Description of professional development or continuing education activities that demonstrate the candidate is maintaining currency in the field with respect to best practices.

VII. SERVICE

This section applies to Clinical Faculty for whom service is an aspect of her or his position as service expectations may vary depending upon the Clinical Faculty member’s prescribed role. It is understood that while some Clinical Faculty may be expected to perform service, others may not. In cases of the latter this section does not need to be addressed. CHHS values service to the university, profession, and community. To the extent that service is a role expectation, as rank increases, the quantity, quality, and scope of service are expected to increase.

Documentation of Service

Service activities may include and be documented as follows:
1. Describe expectations for service based on the Description of Responsibilities and workload assignment. If service is not required, it should be stated.
2. The candidate’s own opinion of the significance and success of her or his service activities.
3. Activities in support of the University’s land-grand and sea-grant, space-grant and other public service missions.
4. Departmental committees on which the candidate has served.
5. University, school, or college and other committees on which the candidate has served.
6. Other departmental responsibilities assumed by the faculty member.
7. Professional, state, or national organizations to which the candidate has provided leadership, clinical expertise, or served as a consultant.

Additional documentation may be provided as appropriate to the Clinical Faculty member’s role such as:
- List of professional, state or national organizations to which the candidate has provided leadership, clinical expertise, or served as a consultant.
- Evidence the service involved or resulted in the creation or development of new health and human service or clinical initiatives.
- Evidence service has contributed to the teaching or clinical activities of the faculty member and/or department.
- Evidence of new knowledge, methods, or policies derived from the candidate’s service has been applied to communities, health and human services agencies, or clinical practices.
- Evidence of new practice ideas, policies, programs, or methods having been disseminated through publications. In addition to journal articles, publication can mean technical
reports used by health and human service agencies, communities, or clinical practices to help them assess problems, assure the delivery of services, or develop related policies.

- List of honors or awards in recognition of outstanding contributions to health and human service practices.
- List of invitations from other institutions or health agencies to help plan, organize, or review health and human service practice activities.
- List of appointments to state or national commissions, committees, and boards that are related to health and human service practices.
- List and description of grants and contracts received to fund health and human service practice activities.

VIII. PROGRAM DIRECTION

This section applies to Clinical Faculty for whom program direction is an aspect of her or his prescribed responsibilities. It is understood that while some Clinical Faculty may direct programs, others may not. In cases of the latter this section does not need to be addressed. Direction of programs includes, but is not limited to, major coordinator, program management and operations associated with clinical and other applied programs including developing field or internship placements; assigning students to field or internship sites; the development, promotion, coordination, evaluation, operational oversight, active maintenance of accreditation standards, and engagement with accreditation agencies; and allocation of resources.

**Documentation of Program Direction**

Documentation of program direction should begin with the candidate’s statement describing her or his program direction responsibilities and opinion of effectiveness. This documentation should be carefully selected and presented to demonstrate the scope and effectiveness of the faculty member’s performance in fulfilling her or his clinical role. Statements about the effectiveness of program direction should be supported by quantitative and/or qualitative evidence whenever possible.

Program Direction activities should be documented as follows:

1. Description of program direction responsibilities in the context of the candidate’s description of responsibilities and workload assignment.
2. The candidate’s own opinion of the effectiveness of her or his program direction.
3. Evidence of the effectiveness of program direction.

Additional documentation may be provided as appropriate to the Clinical Faculty member’s role such as:

- Evidence of coordinating or supervising accredited, or non-accredited, academic programs in the Clinical Faculty’s area of expertise.
- Evidence of maintaining extensive reporting as required by respective accrediting agencies, including annual and multi-year reviews.
- Evidence of locating, recruiting, and sustaining field placement sites, and assigning students to field sites.
• Evidence of coordinating and conducting extensive periodic self-study as required for accreditation or certification.
• Evidence of conducting curriculum oversight and learning outcome evaluation as it relates to accreditation or certification guidelines.
• Evidence of collaborating with other accredited programs to maintain and enhance best practices.
• Evidence of contributing to ongoing revision of accreditation or certification guidelines.
• Evidence of developing and monitoring program budgets.
• Examples of negotiated memoranda of understanding and/or contracts with individuals, professional organizations, and community, regional, national, and international entities in accordance with UNH legal guidelines and placement site guidelines.

IX. CLINICAL RESEARCH / APPLIED SCHOLARSHIP (if applicable and approved by Department Chair and CHHS Dean)

This section applies to those for whom clinical research/applied scholarship is a requirement of her or his position as Clinical Faculty. It is understood that while some Clinical Faculty may engage in research, others may not. In cases of the latter this section does not need to be addressed. Clinical Faculty are understood to perform a broad array of activities within their discipline. As specified above, they may engage in applied scholarship/clinical research to meet required accreditation and/or licensure/certification requirements, with approval, but other kinds of research/scholarship are not required and cannot supplant core clinical activities and teaching duties. Clinical research/applied scholarship related to clinical activities is generally understood to include presentations and published refereed articles related to clinical innovations, assessment instruments, intervention or evaluation methods, clinical teaching/supervisory innovations, and descriptions of new programs to meet client or student needs.

Documentation of Clinical Research / Applied Scholarship (if applicable and approved by Department Chair and CHHS Dean)

Documentation of clinical research / applied scholarship should begin with the candidate’s statement describing her or his research activities as they relate to assigned responsibilities, and the candidate’s opinion of effectiveness. Documentation should be carefully selected and presented to demonstrate how the research contributes to clinical education, pedagogy, evaluation, or clinical practice in the candidate’s field. Statements about the effectiveness of clinical research / applied scholarship should be supported by quantitative and/or qualitative evidence whenever possible.

Clinical research / applied scholarship activities should be documented as follows:
1. Brief description and history of the research activities.
2. The candidate’s own opinion of the effectiveness of her or his clinical research / applied scholarship.
3. Documented clinical intervention and outcomes such as developing innovations, special assessment, intervention, evaluation methods, and new programs to meet client needs.
4. List of the candidate’s published scholarly work and work contracted or soon to be published. This may include journal articles, white papers, reports, simulations, and
video materials. These should be cited in the standard entry form used in the faculty member’s field.
5. List of oral presentations before professional groups.
6. Grants, contracts or fellowships for which the candidate has applied.

PROCEDURES and TIMELINE

In consultation with the Chair, the Clinical Faculty will initiate the promotion process. It is the responsibility of the Department Chair to inform the faculty member of the time deadlines associated with the promotion process outlined in the University of New Hampshire Appointment, Review, and Promotion of Clinical Faculty Policy and Procedures and summarized below. It is the responsibility of each candidate for promotion to assemble and submit dossier material for promotion consideration. Clinical Faculty promotion dossiers are reviewed the Department Promotion Committee that is appointed by the Chair in accordance with department guidelines, the Chair, and the CHHS Clinical Promotion Committee that is established according to the CHHS Bylaws and University guidelines. The department Chair, Department Promotion Committee, and the faculty member under review will determine the schedule to meet the following deadlines:

April 1 of preceding year: The Clinical Faculty will notify the Chair and Dean in writing that s/he is initiating the promotion review process by April 1 of the academic year prior to the review process.

May 1: The Department Promotion Committee will be appointed by the chair in accordance with department guidelines (in some cases, following a departmental election) no later than May 1 of the academic year in which the Clinical Faculty member wishes to be considered.

First week of Fall Semester: The Clinical Faculty will submit the promotion dossier to the Chair for transmittal to the Department Promotion Committee by the first week of the Fall Semester of the academic year in which s/he wishes to be considered for promotion.

December 2: The Chair transmits the recommendations of the Department Promotion Committee, as well as the Chair’s independent evaluation, to the Dean by December 2nd of the academic year in which the Clinical Faculty member wishes to be considered. The Chair also informs the Clinical Faculty member of these recommendations in writing.

January 15: The College’s Promotion of Clinical Faculty Committee submits its report and recommendations to the Dean. The Dean’s Office sends this recommendation, along with the corresponding promotion documents, to the Graduate School Dean if the candidate is, or will be, a member of the Graduate Faculty.

February 3: The Dean transmits the recommendations of the College’s Promotion Committee, and the Dean’s (and, in cases of members of the Graduate faculty, the Graduate Dean’s) independent evaluation(s) to the Provost by February 3 of the academic year in which the Clinical Faculty member wishes to be considered. The Dean also informs the Clinical Faculty
member of her or his recommendation and that of the college committee in writing, including a concise summary of the primary reasons for these recommendations.

**End of the Spring Semester:** The Clinical Faculty member will receive notification of the final decision regarding promotion.

Any salary increase associated with a promotion will become effective at the beginning of the next academic year.

Any Clinical Faculty has the right to file a grievance in accordance with the University Grievance Policy if s/he is not promoted and can demonstrate clearly that the processes were not properly followed or that the Department’s and/or College's approved promotion policies were applied in an arbitrary or capricious manner.
Appendix A

Sample Letter: Teaching and Clinical Activities (Student)

Dear UNH Student or Alumnus/a:

I am writing to ask your assistance in an important matter. The University of New Hampshire is currently considering the promotion of Professor X to the rank of Clinical Associate Professor. As you may know, decisions about promotion are among the most significant in the life of a university and its faculty.

During your education at UNH, Professor X was an instructor in one or more of your courses or was involved in one or more of your clinical experiences. In order to give her candidacy the fullest consideration, we would appreciate your comments about her teaching ability, particularly her ability to present course material effectively and help you attain course objectives. If you were involved with Professor X in any clinically-related activities such as planning of internships or practica, supervision of work in a practice setting, etc. please comment on the skill with which Professor X fulfilled this role. If you have graduated from UNH, we would also appreciate your comments on how Professor X’s teaching and/or clinical activities helped in your professional preparation. Finally, if Professor X has served as your academic advisor or thesis advisor, please comment on her effectiveness in these capacities.

I hope that you will be able to assist us by sending a letter to me at the address listed below. We will need to receive your letter as soon as possible, but please respond before November 1. If for any reason you are unable to meet this deadline, please notify us to that effect.

It is our intention to keep your response confidential which means only those with direct responsibility for the promotion process will see your letter. However, you should understand that the University policies allow candidates to know whose evaluations were solicited during the promotion process. Additionally, under recent legal precedents we, like any other college or university, may be required to disclose your evaluation along with other evaluation materials in the course of certain legal proceedings.

Your candid and detailed opinion is most important to us and to Professor X. Thank you in advance for your consideration of this request.

Sincerely,

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Appendix B
Evaluation of Clinical Teaching and Activities (External)

Title
Address

Dear ____________

Professor X is seeking promotion to the rank of Clinical Associate Professor. In accordance with department and university policy, we are now evaluating his clinical activities. Because he listed you as someone who worked with him in a clinical capacity either via direct service, clinical supervision of students, clinical teaching not associated with a course, or clinically-based research, I am writing to ask if you would send a letter evaluating his work in your setting.

If you agree, please address only the strengths and weaknesses of the candidate’s involvement in your setting. We ask you not to comment on whether or not he deserves promotion. It is our intention to keep your response confidential which means only those with direct responsibility for the promotion process will see your letter. However, you should understand that the University policies allow candidates to know whose evaluations were solicited during the promotion process. Additionally, under recent legal precedents we, like any other college or university, may be required to disclose your evaluation along with other peer evaluation materials in the course of certain legal proceedings.

I hope that you will be able to assist us by sending a letter to me at the address listed below. We will need to receive your letter as soon as possible, but please respond before November 1. If for any reason you are unable to meet this deadline, please notify us to that effect. Thank you for your help in this important process.

Sincerely,

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Appendix C
Sample Letter: Evaluation of Service or Program Direction

Title
Address

Dear ____________

Professor xxx is seeking promotion to the rank of Clinical Associate Professor. In accordance with department and university policy, we are now evaluating his clinical activities, teaching, and service. Because he listed you as someone who worked with him on a committee or project, I am writing to ask if you would send a letter addressing his work on the ________ Committee.

If you agree, please address only the strengths and weaknesses of the candidate’s involvement or leadership. We ask you not to comment on whether or not he deserves promotion.

It is our intention to keep your response confidential which means only those with direct responsibility for the promotion process will see your letter. However, you should understand that the University policies allow candidates to know whose evaluations were solicited during the promotion process. Additionally, under recent legal precedents we, like any other college or university, may be required to disclose your evaluation along with other peer evaluation materials in the course of certain legal proceedings.

I hope that you will be able to assist us by sending a letter to me at the address listed below. We will need to receive your letter as soon as possible, but please respond before November 1. If for any reason you are unable to meet this deadline, please notify us to that effect. Thank you for your help in this important process.

Sincerely,

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Appendix D
Sample Letter: Evaluation of Clinical Research and Applied Scholarship

NOTE: This is a generic letter that should be customized by the Promotion Committee to evaluate the particular scholarly contributions of the candidate. The letter should be sent to individuals (internal or external) who are familiar with the candidate’s scholarly contributions to the field. Publications should be sent for review. The Promotion Committee should develop a process for selection of reviewers that includes suggestions made by the candidate and by the committee. This process should be explained in the Chair’s evaluation letter. Reviewers may include the following: collaborators, professional colleagues familiar with the candidate’s work (internal or external), and/or people who have attended the candidate’s presentations.

Dear:

Thank you for agreeing to serve as a reviewer for the Department of X’s Promotion, Committee in its consideration of Clinical Assistant Professor X for promotion to the rank of Clinical Associate Professor.

I have enclosed a copy of X’s vita, publications, and other papers that represent her or his scholarship related to [insert appropriate area: clinical practice, teaching and/or service]. The Committee would appreciate your assessment of X’s scholarship and its contribution to the field of X in relation to the advancement of knowledge in [insert clinical practice or teaching]. In addition, we would welcome your comments on other aspects of the candidate's work with which you have first-hand knowledge, such as teaching or professional service.

It is our intention to keep your response confidential which means only those with direct responsibility for the promotion process will see your letter. However, you should understand that the University policies allow candidates to know whose evaluations were solicited during the promotion process. Additionally, under recent legal precedents we, like any other college or university, may be required to disclose your evaluation along with other peer evaluation materials in the course of certain legal proceedings.

We will need your letter by no later than November 1. If for any reason you are unable to meet this deadline, please notify us to that effect. Thank you for your willingness to serve as a reviewer. Please do not hesitate to call or e-mail me if you have any questions.

Sincerely,

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