CLINICAL/VOLUNTEER FACULTY PROMOTION REQUEST

Clinical Science Departments



| Name: | |
|---|--|
| Department: | Must Attach: |
| Campus: | Current CV Position Description Board Certification (if applicable) Chair Letter (Proof faculty meets criteria for requested rank) Draft Letter of Appointment |
| Promotion requested: BoardBoa | |
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| Board Certified: YES NO NOT APPLICABLE | |
| Recommendation of Department Chair: | |
| Promote to: | |
| | |
| Department Chair | Date |
| | |
| Recommendation of Senior Associate Dean, Education an | ed Eaguity Affairs Office: |
| - | mote to |
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| | |
| Kenneth Ruit, Ph.D. | Date |
| Senior Associate Dean for Education, Medical Accreditation and Faculty Affairs | ٦, |
| and racarty / mains | |
| Approval of Dean: | |
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| | |
| Joshua Wynne, M.D., M.B.A., M.P.H. | Date |
| Vice President of Health Affairs and Dean | |
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| A letter of promotion should be sent to the above named person position and requesting that he or she sign that letter indicating | |
| Education and Faculty Affairs. | |
| | |

Office of Education and Faculty Affairs use only:

Return copy of completed form to Department Signed acceptance letter of promotion received Update database and Versatile, and ERMS Create/send certificate Notify department/campuses