CLINICAL/VOLUNTEER FACULTY PROMOTION REQUEST

Health Science Departments



Name:	Must Attach:
Department:	☐ Current CV
Campus:	☐ Position Description
Promotion requested: BoardBoa	☐ Board Verification (if applicable)☐ Chair Letter (Proof faculty meets criteria for requested rank)
Board Certified: YES NO NOT APPLICABLE	
Recommendation of Department Chair	
☐ Promote to	
Department Chair	 Date
Recommendation of Associate Dean for Health Science	es:
☐ Remain at current rank ☐ I	Promote to
David Relling, P.T., Ph.D. Associate Dean for Health Sciences	Date
Recommendation of Senior Associate Dean, Education	a and Eaculty Affairs Office
<u> </u>	Promote to
Kenneth Ruit, Ph.D.	Date
Senior Associate Dean for Education, Medical Accreditation, and Faculty Affairs	
Approval of Dean	
• •	Promote to
Marjorie Jenkins, MD, MEdHP, FACP Vice President of Health Affairs and Dean	Date
A letter of promotion should be sent to the above named perposition and requesting that he or she sign that letter indicate and Faculty Affairs, Stop 9037.	erson outlining the responsibilities and parameters of the ting acceptance. Please return the signed letter to Education
Office of Education and Faculty Affairs use only:	
 □ Return copy of completed form to Department □ Acceptance letter of promotion received 	
☐ Update database and Versatile ☐ Create ID Card/certificate, send to department and notify card	nnuses