

# 2022-2023 SUMMARY COVER SHEET

## CLINICAL/RESEARCH FACULTY PROMOTION – COLLEGE OF MEDICINE ONLY

NAME: \_\_\_\_\_ EMPLOYEE ID #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ COLLEGE: College of Medicine

RECOMMENDED FOR PROMOTION TO:

CLINICAL/RESEARCH ASSOCIATE PROFESSOR

CLINICAL/RESEARCH PROFESSOR

\_\_\_\_\_ NUMBER OF YEARS IN RANK (include current year) IS THIS EARLY PROMOTION? YES NO

JUSTIFICATION FOR EARLY PROMOTION IF LESS THAN FIVE YEARS IN RANK: (Must also be in the supervisor's letter)

DATES OF EMPLOYMENT AND HISTORY OF RANKS HELD AT FSU: (Dates are to be consistent with those on vita and other documents)

ASSIGNMENTS OF RESPONSIBILITIES:

	<u>2018-2019</u>	<u>2019-2020</u>	<u>2020-2021</u>	<u>2021-2022</u>	<u>2022-2023</u>	<u>AVERAGE</u>
INSTRUCTION/ ADVISEMENT	_____	_____	_____	_____	_____	_____
RESEARCH/CREATIVE ACTIVITY	_____	_____	_____	_____	_____	_____
SERVICE	_____	_____	_____	_____	_____	_____
ADMINISTRATION	_____	_____	_____	_____	_____	_____

SUMMARY OF COMMITTEE BALLOTS AND EACH ADMINISTRATIVE OFFICER REVIEWING FILE:

	<u>ELIGIBLE</u> <small>Numerical only, no check marks</small>	<u>AFFIRMATIVE</u> <small>Numerical only, no check marks</small>	<u>NEGATIVE</u> <small>Numerical only, no check marks</small>	<u>ABSTAINING</u> <small>Numerical only, no check marks</small>	<u>ABSENT</u> <small>Numerical only, no check marks</small>
DEPARTMENT/UNIT COMMITTEE	_____	_____	_____	_____	_____
DEPARTMENT CHAIR/SUPERVISOR	_____	_____	_____	_____	_____
COLLEGE COMMITTEE	_____	_____	_____	_____	_____
DEAN	_____	_____	_____	_____	_____

OFFICE OF THE VPFDA (check mark only) ELIGIBLE \_\_\_\_\_ NOT ELIGIBLE \_\_\_\_\_

PROVOST OR VP FOR RESEARCH \_\_\_\_\_

PRESIDENT \_\_\_\_\_

CERTIFICATION THAT CANDIDATE HAS HAD OPPORTUNITY TO REVIEW COMPLETED BINDER:

Signature Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Chair (or equivalent) or Dean (or equivalent): \_\_\_\_\_ Date: \_\_\_\_\_