**FACULTY OF MEDICINE COAP CHECKLIST**

**[PINK]**

For: **Annual** appointments and promotions to the titles of **Professor, Professor at CUMC, Clinical Professor (PT), Professor of Clinical (PT), Adjunct Professor, Associate Professor, Associate Professor at CUMC, Associate Clinical Professor (PT), Associate Professor of Clinical (PT), Adjunct Associate Professor, Senior Research Scientist/Scholar and Research Scientist/Scholar**

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Appointment**: Yes\_\_\_\_\_ No\_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Promotion/title change**: Yes\_\_\_\_ No\_\_\_\_ Proposed Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**From: (title) if applicable**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FT\_\_\_\_\_PT\_\_\_\_\_

**Tenure Status**: 3\_\_\_4\_\_\_0\_\_\_ **Appt. Type**: Joint\_\_\_\_\_\_\_Interdisciplinary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To: (title**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FT\_\_\_\_\_\_PT\_\_\_\_\_

**Track**:

**Investigator Focus**\_\_\_ **Applied Healthcare or Public Health Sciences Focus**\_\_\_ **Educational Scholarship/Leadership Focus**\_\_\_

**Tenure Status**: 3\_\_\_4\_\_\_0\_\_\_ **Appt. Type**: Joint\_\_\_\_\_\_\_Interdisciplinary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit the original of the documents listed below:**

Dept. A Dept. B Faculty Affairs

1. Chairman's letter of nomination including: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

**a)** **Description of track selection and evidence of activity in proposed track \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_**

**b) Nominee's teaching activities with a summary of the evaluations of the quality**

**of teaching and his/her expected role in the department's curricular programs** \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

**c**) **Number of faculty eligible to vote on this appt/promotion** \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

**d**) **Numerical vote: For, Opposed, Abstentions**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

2. Signed Memorandum of Agreement (for joint or interdisciplinary appts only) \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

3. CV and Bibliography in CUMC format\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_

4. List of Referees: Names, (Faculty) Titles, and addresses\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_

5. Copy of letter to referees\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

6. Letters of Evaluation - total number enclosed: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_

At least 5 must be **extra departmental** (**outside your dept**.) - number enclosed: \_\_\_\_\_\_ \_\_\_\_\_\_

At least 3 must be **extramural** (**outside CU**) - number enclosed: \_ \_ \_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_

7. One copy of five papers judged by the candidate and the

Department to be the most noteworthy contributions to the literature\_ \_ \_ \_ \_ \_ \_\_\_\_\_\_ \_\_\_\_\_\_

**Submitted By**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Affairs Review**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_