

**GUIDELINES FOR CLINICAL FACULTY EVALUATION,
REAPPOINTMENT, PROMOTION AND MERIT**

COLLEGE OF HEALTH PROFESSIONS

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recommendations for other faculty, depending upon department policies regarding merit committee structure.

4. They also may serve on College committees in accordance with the Constitution and bylaws of the College and on selected University committees based on applicable membership policies.

5. Definitions

a. Clinical Faculty Ranks

“Clinical Faculty” means Clinical Assistant Professors, Clinical Associate Professors, and Clinical Professors, none of whom are eligible for tenure, all as defined in section VI.B.3.c. of the ART Policy (p. 16).

b. Clinical faculty titles are granted only to teaching personnel who are associated with teaching departments or units.

c. The prefix “Permanent Part Time” may be applied to any of the ranks as defined as

“working at least two (2) days per work week for a 18 > > B D C 1 0 . 5 - 0

professionals, faculty members, graduate students) in clinical/professional activities in the field.

2. Evidence of a substantial history of superior clinical teaching ability and scholarly or administrative accomplishments in or related to the clinical/professional program.
3. Evidence of effective and substantial service to the institution and the community and/or the profession.

C. Clinical Professor

In addition to the qualifications required of a Clinical Associate Professor, the Clinical Professor rank requires:

1. Evidence of a high degree of excellence in clinical/professional practice and teaching sufficient to establish an outstanding regional and national reputation among colleagues.
2. Evidence of extraordinary ~~public~~ ~~service~~ ~~and~~ ~~teaching~~ ~~and~~ ~~scholarly~~ ~~and~~ ~~administrative~~ ~~accomplishments~~ ~~in~~ ~~or~~ ~~related~~ ~~to~~ ~~the~~ ~~clinical~~ ~~/~~ ~~professional~~ ~~program~~ ~~.~~

- C. Clinical faculty will follow the *Promotion, Reappointment, and Merit Calendar for Clinical Faculty*.
- D. Clinical faculty will be evaluated annually for merit using approved Department criteria in the areas of teaching and advising, scholarship, and service as is appropriate for clinical faculty. Clinical faculty must include evidence of currency/excellence in clinical practice in the area(s) of clinical/professional teaching/supervision.
- E. Clinical faculty may be evaluated for re-appointment and three-year contracts and for promotion in accordance with Department, College, and University documents. 4 (m) (1) (5) (1) (2) (1) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

a.

submit for a comprehensive five year review for tenured faculty). The summative evaluation content will follow the same guidelines as the comprehensive five-year review

(1) knowledge

and responsibilities, be predominantly clinically/professionally-based and be disseminated and validated.

a. Standards by rank

(1) The standards for the rank of **Clinical Assistant Professor** include:

- i. A clearly defined area of expertise that can be developed into a scholarship plan that reflects the potential for ongoing growth in the designated area of expertise.
- ii. Currency in the knowledge based supporting one's designated area of expertise that is demonstrated yearly and over time in rank.
- iii. Integration and application of one's professional scholarly activities to teaching or service or other professional activities.
- iv. Begin and continue over time dissemination of one's scholarly activities in one's area of expertise.

(2) The standards for the rank of **Associate Professor** include:

the institution and the profession/discipline and/or the community. Service to the institution

XI. Revisions to the Document

made.

5. Fourth Friday in October

- a. Department Chairperson's written evaluation for faculty considered for reappointment and/or promotion is added to the faculty member's evaluation portfolio and conveyed to the faculty member.
- b. The Department Chairperson will place his/her independent evaluation into the evaluation portfolio.
- c. The Department PTRM Committee's report with recommendations and vote count and the Department Chairperson's evaluation are distributed to the faculty member.

6. Second Friday in November

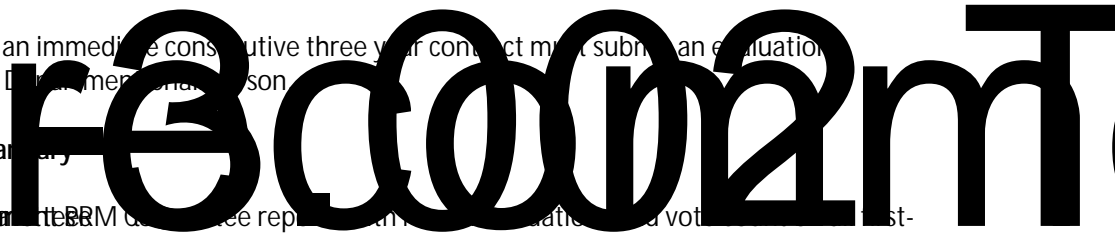
The faculty member's evaluation portfolio, inclusive of the Department PRM Committee's written recommendation with record of the vote count, completed Department Summary Recommendation Form, Department Vote Record, and the written recommendation of the Department Chairperson, are forwarded by the Department PTRM Chairperson to the Dean's office.

7. Second Friday in December

Faculty seeking an immediate consecutive three year contract must submit an evaluation portfolio to the Department Chairperson.

8. First Friday in January

- a. The Department PTRM Committee report with recommendations and vote count for first-year faculty are submitted to the Department Chairperson.
- b. The College PTRM Committee report with recommendations and vote count for second-year faculty are submitted to the Department Chairperson.



10. First Friday in February

- a. The College Dean forwards the summative portfolio inclusive of the committee's and the Dean's recommendations of each faculty member with a recommendation concerning promotion and/or multi-

Appendix A: CHP Clinical Faculty Standards and Potential Evidence for Teaching and Advising

Standard	Potential Evidence
Clinical Assistant Professor Teaching Standards	Clinical Assistant Professor Potential Evidence

1.) Demonstration of knowledge of the

	<p>program development and/or assessment that is based on established scholarship, best practice, and/or sustained experience with practitioners in one's field.</p>
<p>3.) Demonstration of superior clinical / professional teaching ability and student learning in the designated area of expertise.</p>	<p>Evidence of positive and effective teaching (e.g., peer evaluations, student evaluations, teaching narrative, etc.) Correspondence from students, alumni, colleagues, program coordinators, and administrators</p>
<p>4.) Continued demonstration of growth and evolution that supports the teaching and learning process.</p>	<p>Teaching methods,</p>

7) Demonstrated mentoring of colleagues in teaching and/or advising.	Requests to help others with their teaching and documentation of providing assistance
8.) Demonstration of a sustained record of excellence in teaching and advising.	Teaching awards and nominations International teaching exchange, sabbatical or consulting contracts

Appendix B: CHP Clinical Faculty Standards and Potential Evidence for Scholarship

Standard	Potential Evidence
Clinical Assistant Professor Scholarship Standards	Clinical Assistant Professor Potential Evidence
1.) A clearly defined area of expertise that can be developed into a scholarship plan that reflects the potential for ongoing growth in the designated area of expertise.	A description of one's scholarship in their designated area of expertise. External letters of recommendation3.aa

	<p>An invited presenter at a local, regional conference, national or international conference.</p> <p>Developing and/or writing of monographs or technical reports for publication.</p> <p>Publication of a case report related to the designated area of clinical expertise.</p> <p>Author or co-author of an article in an academic or practice journal or a book chapter.</p>
5.) Recognition by others of the quality of one's scholarship.	<p>Published reviews of scholarly works.</p> <p>Citation by others of one's scholarship.</p>
Clinical Professor Scholarship Standards	Clinical Professor Potential Evidence
1.) A sustained record of scholarship activity within one's designated area of expertise that is validated and disseminated to the professional community.	<p>Juried or invited presentation at a national or international conference.</p> <p>Author or co-author of an article in a peer reviewed or practice journal or a book chapter.</p> <p>Competitive internal or external grants attempted and/or received.</p>
2.) Currency in the knowledge base supporting one's designated area of expertise; that is demonstrated yearly and over time in rank.	<p>Earned doctoral degree.</p> <p>Invited keynote presentations.</p>
3.) A sustained record of integration and application of one's professional scholarly activities to teaching and service or other professional activities.	<p>External adoptions of one's educational works.</p> <p>Publication or presentation of novel or exemplary teaching methods, materials or strategies.</p> <p>Leadership of accreditation processes and writing a self-study.</p>
4) Distinction in the quality of one's scholarship.	<p>Awards and other recognition for the quality of one's scholarship.</p> <p>External evaluations and reviews of one's work.</p> <p>Continued citation by others of one's scholarship.</p>
5) Excellence in mentoring faculty, clinical practitioners, or students in their efforts to integrate or generate new knowledge in the field.	<p>Documentation from one's mentees.</p> <p>Narrative statement describing mentoring relationships with junior faculty, clinicians or other professional colleagues.</p> <p>External reviews.</p>

Note: This list provides examples of formats for dissemination and validation, but is not exhaustive.

Appendix C: CHP Clinical Faculty Standards and Potential Evidence for

