PROMOTION & TENURE PACKET GUIDELINES For Promotions (department use only)

COM Template Updated: 1/2022

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| **DESCRIPTION OF DOCUMENT** | **IN PACKET** | **NOTES** |
| \*[Form 110](https://oaa.osu.edu/sites/default/files/links_files/Form110.pdf) |  | **One** form submitted for the department. Only for promotion (not needed for reappointment). |
| \*Use [color dividers](https://medicine.osu.edu/-/media/files/medicine/faculty/promotion-and-tenure/apt-toolbox/dossier-divider-sheets-sept-2020---com.pdf?la=en&hash=4A520E7E40095A59ED567C5F3F5A024396C946A7) |  | \*Use [color dividers](https://medicine.osu.edu/-/media/files/medicine/faculty/promotion-and-tenure/apt-toolbox/dossier-divider-sheets-sept-2020---com.pdf?la=en&hash=4A520E7E40095A59ED567C5F3F5A024396C946A7) |
| Record of Review (Cover Sheet [Form 109](https://oaa.osu.edu/sites/default/files/links_files/Form109.pdf)) |   | Fill in completely and get chair signature after Fall P&T Committee Meeting. Key reminders: Ensure "Proposed Action Considered" is correctly marked. If Promotion and Reappoint, reappt term length must be on form or in chair letter. \*See [APT Toolbox](https://medicine.osu.edu/faculty/promotion-and-tenure/apt-toolbox) section 3b for a completed example with comments. |
| Dossier Checklist ([Form 105](https://oaa.osu.edu/sites/default/files/links_files/Form-105-fillable.pdf)) |   | Blank Pages 5-7. \*Form updated 4/2021 |
| Page 1  |   | Candidate must check boxes and sign form prior to the department review |
| Page 2, 3 |   | Page 2 - Complete all boxes. Page 3 - Verification of citations printed name and signature should be POD. Verification of review printed name and signature must be POD, signed after the entire dossier is complete (including comments process). |
| Page 4 Vote |   | To type, click on "tools" to add text. All information must be provided. |
| APT Document (Criteria section) |   | 4/10/2019, COM exception, add back in for all candidates |
| I. Introduction |   | Biographical narrative section |
|   |   |   |
| II. Core Dossier ([APT Toolbox](https://medicine.osu.edu/faculty/promotion-and-tenure/apt-toolbox) section 3a) |   | \*See Core dossier template w/ tips and examples on APT toolbox. https://medicine.osu.edu/faculty/promotion-and-tenure/apt-toolbox  |
| III. Evaluation |   |   |
| A. Internal Letters of Evaluation |   |   |
| A.1. TIU annual review letters  |   | (oldest to newest) If annual reviews are not completed for a specific year, add a formal letter stating why (for example leadership transition) |
| \*\* Assistant Professor |   | All since date of hire |
| \*\* Associate Professors or hires with tenure |   | All since previous promotion, not to exceed last 5 years |
| A.2. Written documents submitted as part of annual reviews |   |   |
| A.3. 4th year review letter (for assistant professors) |   |   |
| A.4. Additional letters |   | Division Director letter if obtained would be placed here |
| A.5. Documentation of peer evaluation of teaching |   | Required - at least 1 per year |
| B. External Letters of Evaluation |   |   |
| B.1. Summary sheet of all evaluators from whom a letter was received [Form 114](https://oaa.osu.edu/sites/default/files/links_files/Form114_0.pdf) |   |  \*See External Evaluation section on [APT Toolbox](https://medicine.osu.edu/faculty/promotion-and-tenure/apt-toolbox) for more info. |
| B.2. Sample letter sent |   |   |
| B.3. All letters, each letter preceded by a complete cover sheet [Form 106](https://oaa.osu.edu/sites/default/files/uploads/forms/Form106.pdf) |   | \*Evaluators must be at or above rank for which the faculty candidate is being reviewed |
| IV. Student Evaluation of Instruction |   |   |
| A. Cumulative Fixed-Response Survey Data |   | Only summary tables in section IV. A. Vitals, MedHub, SEI. |
| B. Fixed-Response Student Evaluation Data |   | Aka the summary. e.g. if a faculty has 100 students and they receive 50 student survey responses, you don’t include all 50 sheets, and instead the cumulative rating for 50 with compiled comments. |
| C. Summary of Open-Ended Student Evaluations |   |  e.g. Faculty asks specific questions and the student provides written feedback. |
| V. Internal Review Letters |   |   |
| A - Does not apply |   | Regional campus only |
| B.1. TIU (college without departments) faculty deliberative body |   | P&T Chair letter (contains vote of eligible faculty) |
| B.2. TIU head |   | Chair letter |
| B.4. TIU-level comments process letters  |   | Form 103 or notation that the candidate declined to provide comments (10 calendar days)  |
| Name of file: MED-Department Name-Last Name, First Name.pdf |  | MED-Surgery-Smith, Robert.pdf |
| Complete guide to full dossier specifics (pages 17-31)Refer to [APT Toolbox](https://medicine.osu.edu/faculty/promotion-and-tenure/apt-toolbox) Section 3b for example of a completed dossier packet | [Policies and Procedures Handbook: Volume 3 (osu.edu)](https://oaa.osu.edu/sites/default/files/links_files/oaa-handbook-vol-3-p-and-t-rev-08-2021.pdf) |
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