HEERSINK SCHOOL OF MEDICINE
ACT Track Promotion Calendar
Projected Calendar for Submission of Promotion Proposals (AY 2025–2026)

October 2025 - The Dean's Office will distribute written notification and a projected calendar to Clinical Department Chairs, Administrators, and Clinical Faculty Council members regarding the AY 2025–2026 promotion cycle.

October 2025 – February 2026 - Departments and Divisions will prepare promotion proposals in accordance with the Heersink School of Medicine guidelines. Each proposal must be reviewed and either approved or denied by the Departmental Clinical Appointment and Promotion Committee (CAPC) before submission to the Clinical Faculty Council for consideration.

March 13, 2026 - Deadline for Initial Submission
Departments must submit initial promotion proposals to the Heersink School of Medicine by Friday, March 13, 2026. Faculty should consult their respective Departments for internal deadlines. Once approved by the CAPC, proposals must be uploaded as bookmarked PDF files (per instructions) to the HSOM Faculty Promotion Management website. Early submission is encouraged. The Dean's Office will review submissions and notify Departments of any required revisions.

April 3, 2026 - Deadline for Final Submission
All revisions must be completed, and final PDF files uploaded to the HSOM Faculty Promotion Management website by Friday, April 3, 2026.

April 13 – May 13, 2026 - The Clinical Faculty Council will review all promotion packets submitted via the HSOM Faculty Promotion Management website.

May 19, 2026 - The Clinical Faculty Council will meet on Tuesday, May 19, 2026, to formally review promotion proposals submitted by the Departments.

Late May 2026 - Written notifications will be sent to Department Chairs regarding the Clinical Faculty Council's recommendations for denial of promotion. The Council Chair will also discuss these recommendations with the respective Department Chairs as needed.

June 12, 2026 - Deadline for Reconsideration Requests
Requests for reconsideration of denied promotions must be submitted to the Heersink School of Medicine by Friday, June 12, 2026.

June 23, 2026 - The Clinical Faculty Council will meet to review and hear requests for reconsideration of denied promotions.

July 2026 - The Clinical Faculty Council will submit its final recommendations for approval or denial of promotions to the Dean.

Early August 2026 - The Dean's Office will notify Department Chairs of the final decisions regarding promotion proposals.

September 2026 - Department Administrators must submit the Faculty Data Form and ACT document for each faculty member reflecting the approved change in rank. Promotions will be effective October 1, 2026.

Faculty Appointment and Promotion Procedure Guidelines
Heersink School of Medicine – Academic Clinician Track

1. Faculty Appointments

Ranks and Criteria

The Academic Clinician Track is a HSOM-only track reserved for clinicians who contribute to the HSOM mission and do not have a compensated, UAB appointment as a full-time regular or part-time regular employee. This track is outlined in Table A, and provides the flexibility required for recognizing the contributions made by clinicians across UAB Medicine. UAB Medicine includes the original campus in Birmingham; the regional campuses; the University of Alabama Health Services Foundation; and members, affiliates, associates, and alliances of the UAB Health System Community Networks (https://www.uabmedicine.org/about-uab-medicine/community-networks/).

Table A. HSOM Academic Clinician Track

	Academic Clinician Track
Eligibility	Clinicians of UA Health Services Foundation or of members, affiliates, associates, and alliances of the UAB Health System Community Networks or other affiliated community systems or groups
Faculty Appointment Rank (Titles)	Clinical Instructor
	Clinical Assistant Professor
	Clinical Associate Professor
	Clinical Professor
Areas of Excellence for Promotion Above Clinical Assistant Professor	Service (in the form of patient care) **Note:** Faculty on this track may have additional contributions in teaching and/or research that may bolster their application for promotion.

Number of Areas of Excellence Required for Promotion Above Clinical Assistant Professor	One
Minimum Level of Recognition/Reputation Required for Promotion Above Clinical Assistant Professor	Local
Eligible for Tenure	No

Faculty members on the Academic Clinician track are focused primarily on service in the form of patient care, and as such, clinical excellence is expected to be their primary area of achievement. Faculty promoted on this pathway demonstrate exemplary clinical service and skills. Faculty are encouraged to contribute to the broader missions of the Heersink School of Medicine, including teaching, research, and service, as appropriate for their roles. While many faculty on this track may have limited protected time for academic work, they are still expected to engage in activities that support the academic mission, particularly to achieve the rank of Clinical Professor.

Providing measurably excellent clinical productivity and exemplary patient care is required for promotion to Clinical Associate Professor or beyond, recognizing that evidence of excellence will look differently across departments as clinical responsibilities vary. Promotion requests are evaluated based on the overall impact of the candidate in furthering the HSOM mission, demonstrated by the materials submitted in the promotion packet. This impact can be shown through the faculty's effectiveness, influence, outcomes and volume of contributions. Potential examples of these types of contributions are provided in subsequent sections, though these are not exhaustive lists and demonstration of excellence may come in many forms.

Faculty members on the Academic Clinician Track will typically have unpaid appointments at UAB that are referred to as "voluntary" appointments, and do not have the same rights and responsibilities afforded to UAB faculty. For information regarding UAB guidelines please see the UAB Faculty Handbook.

Defining Clinical Excellence

Clinical excellence includes, but is not limited to:

- High patient satisfaction, outcomes, and productivity
- Local recognition by peers as an expert- or master-level clinician
- Regional or national recognition by peers or external institutions (e.g., awards, invited talks, workshops, referrals)
- Leadership in clinical programs or initiatives
- Innovation in care delivery or quality improvement
- Mentorship of junior clinicians or trainees

Excellence should be documented and supported by evidence, such as evaluations, letters, and/or metrics.

2. Heersink SOM Appointment and Promotion Standards

Faculty member contributions to activities in the areas of research, teaching, and service are evaluated for appointment and promotion. All faculty members are expected to be engaged in scholarly activities that support the areas of research, teaching, and service in ways that are consistent with their unique roles and faculty tracks. Further, to attain promotion, faculty are expected to demonstrate sustained excellence in the mission areas appropriate to their professional roles. Faculty in the Academic Clinician Track are expected to demonstrate excellence in service as evaluated by their local peers. (Table A). While promotion is based upon achieving excellence in one area, all faculty members are encouraged to contribute to other mission areas of the HSOM.

Clinical Instructor

Appointments to the rank of Instructor are non-tenure earning and typically require a doctorate-level degree. In the rare circumstance a department proposes hiring a candidate without a terminal degree, a justification of need must be submitted to the HSOM Dean's Office to request pre-approval. These appointments are generally for one year and are renewable.

Clinical Assistant Professor

Appointments or promotion to this rank usually requires the following:

- Two or more years of work experience following receipt of doctorate level degree
- Academic credentials and demonstration of level of specialized accomplishment appropriate to the mission of the department and the Heersink SOM.
- An expectation of collegiality and participation in service in the department and/or Heersink SOM.
- Demonstration of potential for contributions in the areas of research, teaching, or service.

Clinical Associate Professor

Appointments or promotion to this rank usually requires the following:

- Board certification or maintenance of certification
- Five years or more in the rank of Clinical Assistant Professor or equivalent
- Academic credentials and demonstration of level of specialized accomplishment appropriate to the mission of the Department and the Heersink SOM
- Demonstration of collegiality and involvement in the Department and/or Heersink SOM
- Demonstration of sustained clinical excellence, including quality of care, patient outcomes, innovation in clinical practice, or leadership in clinical programs
- Demonstration of local peer recognition in the conduct of duties

Clinical Professor

Appointments or promotion to this rank usually requires the following:

- Board certification or maintenance of certification
- Distinguished performance as a Clinical Associate Professor or equivalent, with at least five years in rank

- Academic credentials and demonstration of level of specialized accomplishment appropriate to the mission of the Department and the Heersink SOM
- Demonstration of collegiality and involvement in the Department and/or Heersink SOM
- Demonstration of sustained and distinguished clinical excellence with measurable impact (e.g., leadership roles, program development, regional recognition, innovation).
- Demonstration of additional academic achievements, such as: leadership in teaching or mentoring, contributions to scholarly work, or service on institutional or national committees.
- Demonstration of local peer recognition in the conduct of duties

Note: The requirements above regarding five or more years in rank for promotion to the Clinical Associate Professor-level or Clinical Professor-level applies to faculty hired on or after October 1, 2023. All faculty hired prior to October 1, 2023, must have three or more years in current rank for promotion to Clinical Associate Professor or Clinical Professor.

3. Examples of Excellence in Service with Supporting Documentation of Faculty Activity
These examples are not comprehensive or all-inclusive but are intended to illustrate the types of activities that may demonstrate excellence in each area. Faculty may achieve excellence through a combination of activities, and it is recognized that some contributions may span multiple categories. Departmental and peer review committees may also consider additional accomplishments that reflect the faculty member's impact and alignment with the academic mission of the Heersink SOM. Clinical excellence is expected to be the primary area of achievement for faculty on the Academic Clinician Track.

Service (Clinical Associate Professor)
Promotion to Clinical Associate Professor requires demonstration of clinical excellence and activity establishing academic and institutional engagement.

Clinical Excellence
- Providing measurably excellent clinical productivity and exemplary patient care. This can be measured by volume and/or outcome metrics, outreach to the community, innovative care, enhanced care delivery, clinical revenue generation and/or patient satisfaction scores.
- Providing staff responsibility for a service or specific area of patient care

Academic and Institutional Engagement
- Providing demonstrable leadership in quality improvement, patient safety, or clinical innovation
- Participating in departmental, school, or institutional committees
- Mentoring junior faculty or trainees
- Contributing to clinical practice guidelines or healthcare policy development
- Providing service to the professional or lay community through education or consultation

Service (Clinical Professor)
Promotion to Clinical Professor requires demonstration of sustained clinical excellence, leadership involvement, and activities establishing academic, institutional and/or professional engagement.

Sustained Clinical Excellence and Leadership

- Continued demonstration of measurably excellent clinical productivity and exemplary patient care. This can be measured by volume and/or outcome metrics, outreach to the community, innovative care, enhanced care delivery, clinical revenue generation and/or patient satisfaction scores. Recognition by local and regional peers as a master clinician.
- Leadership for a service line or care delivery program, specific area of patient care, teaching or quality improvement program, or other hospital or SOM assigned role

Academic and Institutional Leadership

- Sustained leadership in departmental, school, or institutional committees
- Leadership in quality improvement, patient safety, or clinical innovation initiatives
- Sustained mentorship of faculty colleagues, provision of professional development programming and delivery, examples of sponsorship
- Appointment to division, department or hospital leadership roles (e.g., division chief, committee chair)
- Recognition as a clinical authority by peers at the local, regional, or national level

Broader Professional Engagement

- Service on regional or national committees, board, or society leadership position
- Service as a journal editor

Faculty members on the Academic Clinician track are focused primarily on service in the form of patient care, and as such, clinical excellence is expected to be their primary area of achievement. Additional demonstration of academic contributions-such as teaching, mentoring, or scholarly activity strengthen the case for advancement, particularly for promotion to the rank of Clinical Professor. Examples of possible activities are below, though this list is not inclusive:

Research (Clinical Associate Professor)

- Collaborative efforts to recruit patients for research studies
- Investigator for clinical studies
- Co-authorship on case studies, reviews, book chapters, letters, clinical guidelines
- Publication of scholarly papers in peer reviewed journals.
- Publications as first, senior or corresponding author
- Presentation of research and other scholarly findings at scientific and professional meetings

Research (Clinical Professor)

- Collaborative efforts to recruit patients for research studies
- Investigator for clinical studies
- Co-authorship on case studies, reviews, book chapters, letters, clinical guidelines
- Publication of scholarly papers in peer reviewed journals
- Serving as mentor, co-author, or senior author of student or resident presentations at local, regional, or national meetings
- Presentation of research and other scholarly findings at scientific and professional meetings
- Receipt of recognition of excellence in research by professional or scientific institutions or organizations
- Receipt of invitations to preside over sessions at national or international scientific meetings
- Research support funding

Teaching (Clinical Associate Professor)

- Demonstration of mastery of content and method, documented by student, resident, postdoctoral fellow, and/or peer evaluation (All teaching activities should receive consideration.)
- Taking responsibility for the design, organization, coordination, and evaluation of an educational program
- Developing and/or presenting effective continuing education or other professional programs, including invited presentations
- Providing effective supervision, guidance, and/or counseling to trainees, including graduate students, postdoctoral fellows, and/or house officers
- Participation in educational program planning and general curricular activities
- Publication of papers and/or presentations at professional meetings on topics related to education
- Demonstration of innovation in teaching methods and production of texts, educational software or courseware
- Receipt of recognition as an exemplary scientist or clinician whose mentoring and teaching activities provide an outstanding role model for students
- Serving as principal investigator on grants or contracts for educational projects

Teaching (Clinical Professor)

- Sustained and outstanding performance in the examples cited for the associate professor level
- Leadership through design, organization, coordination, and evaluation of educational programs
- Administrative responsibility at the school or departmental level for curriculum
- Leadership in continuing education or other professional programs; invitations as visiting professor at other institutions
- Supervision of staff teaching within a course, division, department, or within the school
- Sustained productivity in publication of papers and/or presentations at professional meetings on topics related to education

- Sustained innovation and leadership in production of texts, educational software, or courseware
- Record of sustained ability to maintain external funding to support innovative educational projects
- Sustained recognition as an exemplary scientist, teacher or clinician whose activities provide an outstanding role model for students

4. Promotion of Academic Clinician Track Faculty

For this track, promotion to Clinical Instructor and Clinical Assistant Professor do not require review by the Clinical Faculty Council. Promotion to the rank of Clinical Associate Professor and Clinical Professor require full department-level review (Department Clinical Appointment and Promotion Committee) and school-level review (Clinical Faculty Council).

Faculty promotion on the Academic Clinician Track is based on a faculty member's training, experience, and activities. Faculty must demonstrate excellence in the area of service in the form of patient care for this track.

A faculty member's achievements will be evaluated using the academic clinician criteria in the Heersink SOM Faculty Handbook. Promotion candidates will be reviewed by similar clinical colleagues.

The promotion guidelines for the Academic Clinician Track will be provided annually by the Heersink SOM.

5. Clinical Faculty Council for Academic Clinician Track

The Clinical Faculty Council will serve as the Appointment and Promotion Committee for UAB Medicine and the UAB Heersink SOM. In this capacity, the Clinical Faculty Council will make recommendations to the Dean on the merits of appointment and promotion of UAB Medicine Faculty on the Academic Clinician Track. The Clinical Faculty Council will review and approve/disapprove the initial appointment and promotion of Academic Clinician Track faculty to the rank of Clinical Associate Professor and Clinical Professor.

The Clinical Faculty Council shall consist of between eleven (11) and fifteen (15) clinical faculty (Academic Clinician Track and/or dually appointed clinical faculty). Approximately 70% (between eight (8) and eleven (11)) of members are elected by the clinical faculty. The Dean shall appoint the remaining (between three (3) and four (4)) members. The Dean of Faculty Affairs will serve as an ex officio, non-voting member and provide guidance and oversight to the council. Efforts should be undertaken to ensure membership of the Clinical Faculty Council represents wide-ranging experience and perspectives. Department Chairs and faculty with Dean appointments may not serve as members. The Dean shall invite nominees for the elected positions and will construct a ballot of eligible faculty for distribution to and election by all clinical faculty in the UAB Heersink SOM.

The Clinical Faculty Council will recommend a Chair and Vice-Chair, who then must be appointed by the Dean. These individuals must have previously served at least part of a term as a

regular member of the Clinical Faculty Council (this requirement will be waived for the inaugural appointments). This prior service may have occurred in an earlier appointment to the Clinical Faculty Council. The term of service for the Chair and Vice-Chair is three years. With the endorsement of the Clinical Faculty Council membership and the approval of the Dean, the Vice-Chair will become the Chair at the completion of the Chair's 3-year term, and then will serve one 3-year term as Chair. A new Vice-Chair will then be selected. Terms of appointment for Clinical Faculty Council members are three (3) years with one possible three (3) year renewal. In order to ensure consistency of the council's reviews, the inaugural terms of appointment of council members will vary between one (1) to three (3) years or four (4) and six (6) years to stagger the timing of members rotating off the committee. Ideally, no more than a quarter of members should rotate off the committee annually. The term of the Vice-Chair may extend beyond six-years so the Vice-chair may serve one term as Chair. It is the responsibility of the Clinical Faculty Council to review each appointment and promotion application applying the standards of the Academic Clinician Track.

Criteria for Clinical Faculty Council are provided below:

- Committee members should be clinical faculty (Academic Clinician Track and/or dually appointed clinical faculty) at the Associate Professor and Professor ranks.
- Only committee members at or above the rank to which the faculty member under consideration is to be appointed or promoted may vote on such actions.
- Committee members must recuse themselves from discussions or votes of any individual where the member has a conflict of interest. It is the responsibility of the council members to disclose potential conflicts.

6. Scholarship Defined

Heersink SOM has a multifaceted mission that includes providing healthcare, conducting research, applying new knowledge to improve healthcare and delivery, and educating healthcare providers, masters and doctoral level students, etc. This mission requires the commitment of a diverse faculty who are engaged in a full range of scholarly activities. As articulated in contemporary conceptualizations of scholarship, this range of activities includes the scholarship of discovery, application, teaching, and integration. The scholarship of discovery, teaching, and application relates directly to the Heersink SOM's major missions in research, teaching, and service. The scholarship of integration is related to all three areas and should be considered relative to contributions in the three primary areas.

While overlap may exist, a distinction exists between scholarly activity and scholarship. For example, delivering a good lecture in a medical school course is expected of a faculty member and is an example of scholarly activity. To qualify as scholarship in teaching, it is expected that the faculty member publicly disseminates the development of new courses, curriculum, and/or approach to teaching through publication or website posting. In service, a distinction can be made between one faculty member who provides competent clinical care and another who is viewed as an authority in a specific area of clinical medicine. Scholarly activity in research includes delivery of scientific presentation at regional, national, and international meetings or universities. Scholarship in research is achieved through peer reviewed publication of newly developed techniques, methods, or novel scientific discoveries. Application of the same method in support of the research mission of the Heersink SOM might be an example of scholarship in

service if this method was judged by the faculty member's peers to be integrally important to the research mission.

Provided below is articulation of Scholarship at Heersink SOM, which is derived from an expanded view of scholarship set forth in Dr. Ernest L. Boyer's book Scholarship Reconsidered (Glassick, C.E., Huber, M.T., Maeroff, G.L., Scholarship Assessed: Evaluation of the Professoriate. Carnegie Foundation for the Advancement of Teaching, 1997.). It is hoped that this statement will inform both the career development of faculty at Heersink SOM and the process of making decisions regarding appointments, promotion, and tenure. Boyer's expanded view of scholarship includes the following:

Scholarship of Discovery

> "… the scholarship of discovery… comes closest to what is meant when academics speak of "research." No tenets in the academy are held in higher regard than the commitment to knowledge for its own sake, to freedom in inquiry and to following, in a disciplined fashion, an investigation wherever it may lead… Scholarly investigation… is at the very heart of academic life, and the pursuit of knowledge must be assiduously cultivated and defended."

Scholarship of Teaching

> "When defined as scholarship… teaching both educates and entices future scholars. As a scholarly enterprise, teaching begins with what the teacher knows… Teaching is also a dynamic endeavor involving all the analogies, metaphors, and images that build bridges between the teacher's understanding and the student's learning… Further, good teaching means that faculty, as scholars are also learners… In the end, inspired teaching keeps the flame of scholarship alive… Without the teaching function, the continuity of knowledge will be broken and the store of human knowledge dangerously diminished."

Scholarship of Application

> "The third element, the application of knowledge, moves toward engagement as the scholar asks, 'How can knowledge be responsibly applied to consequential problems? How can it be helpful to individuals as well as to institutions?'… To be considered scholarship, service activities must be tied directly to one's special field of knowledge and relate to, and flow directly out of, this professional activity. Such service is serious, demanding work, requiring the rigor – and the accountability – traditionally associated with research activities."

Scholarship of Integration

> "By integration, we mean making connections across the disciplines, placing the specialties in larger context, illuminating data in a revealing way, often educating non-specialists, too… Today, interdisciplinary and integrative studies, long on the edges of academic life, are moving toward the center, responding both to new intellectual questions and to pressing human problems. As the boundaries of human knowledge are being dramatically reshaped, the academy surely must give increased attention to the scholarship of integration."

References:

1. Miller, L. A Theoretical Framework for Value Creation: A Multidimensional Strategy/Model for Improving Social Economic Performance. *Journal of Creating Value*, 2016, *2*, 257–267.

2. Boyer, E. L. (1990). Scholarship reconsidered: Priorities of the professoriate. Princeton University Press, 3175 Princeton Pike, Lawrenceville, NJ 08648.

3. Glassick, C. E., Huber, M. T., Maeroff, G. I., & Boyer, E.L. (1997). Scholarship assessed: Evaluation of the professoriate. San Francisco: Jossey-Bass.

HEERSINK SCHOOL OF MEDICINE ACT TRACK INSTRUCTIONS FOR SUBMITTING PROMOTION PROPOSALS FOR AY25-26

Faculty promotion is based on a faculty member's training, experience, activities, and the potential for continued growth in **teaching, research, and service, as well as scholarly and other creative activities.** Faculty members on the Academic Clinician track are focused primarily on service in the form of patient care and so the expectation is that this would be their area of excellence. A faculty member's achievements will be evaluated using these criteria in proportion to their relative importance for the academic rank held by the faculty member and the program priorities of the appointing unit.

Promotion proposals requiring review by the Clinical Faculty Council are to be submitted by the established deadline of **March 13, 2026**. Please see the calendar for an overview of the complete promotion cycle.

Proposals should be submitted as follows:

- Each proposal packet should be uploaded as a PDF file to the Heersink School of Medicine Promotion and Tenure Management Site (https://apps.medicine.uab.edu/ClinicianPromotions/Login.asp).This portal is accessible to both the primary department representative and the department APTC chair.
- **The sections in the PDF must be in a specific order and properly bookmarked** (e.g., Promotion Action Summary Form, HSOM Appointment and Promotion Guidelines, etc.).

DETAILED OVERVIEW FOR ASSEMBLING THE PROPOSAL:

1) **Promotion Action Summary Form for HSOM Academic Clinician Track**
   Complete all applicable fields. The form must be signed and dated by the candidate who is up for promotion. This form must be the first page of packet. Please do not insert a cover sheet.

2) **HSOM Appointment and Promotion Guidelines for Academic Clinician Track** (Revised 07.11.2025) To meet this requirement, each promotion packet should include the HSOM Appointment and Promotion Guidelines for Academic Clinician Track.

3) **Curriculum Vitae**
   Must be current and in standardized HSOM format.

4) **Recommendation Reports/Letters**
   This section should include a signed and dated report or letter from the following, clearly indicating the title/role of individual(s) making the recommendation: Department CAPC Chair, Department Chair, and School Committee (the School Committee letter is provided by the Dean's Office). If there are votes against a candidate at any stage of the process, or if the Chair or Dean disagree with a majority vote, these must be addressed in reports/letters.

NOTE: Letter of support from the Department CAPC Chair, Department Chair and/or Division Director should include:

a) An introductory paragraph that explicitly states the candidate's current faculty rank, the proposed promotion action, role in the Department, and promotion candidate's achievements.
b) A brief professional biographic summary of the candidate's educational and professional experience.
c) Separate paragraphs describing why the candidate has achieved excellence in the designated area, and significant accomplishments in other areas.

d) A summary, which includes an explicit statement of support (or non-support) for the proposed action.

5) **Service Portfolio (Required) – Summary of Service Activities**
This section should include information that is not clearly reflected in the CV, as well as additional context regarding accomplishments. **Service portfolio summary should be limited to two pages, single spaced and 11-point font.** Promotion candidates may submit other documents to provide supporting evidence of accomplishments listed in the portfolio summary.

6) **Teaching Portfolio (Optional) – Evidence of Teaching Effectiveness**
Summarize teaching reviews, including student ratings and other assessment methods used by the School (i.e., peer evaluation, reviews of course materials, teaching portfolio summaries). A summary table documenting all courses taught with summary scores is one way to present information. If IDEA student ratings are used, include scores for: progress on relevant objectives, overall ratings for excellent teacher, overall ratings for excellent course and summary evaluation. **Teaching portfolio summary should be limited to two pages, single spaced and 11-point font.** Please do not include individual student forms. Promotion candidates may submit other documents to provide supporting evidence of accomplishments listed in the portfolio summary.

7) **Research Portfolio (Optional) – Evidence of Research Productivity**
This section should include any additional evidence that is not reflected in the vitae. **Research portfolio summary should be limited to two pages, single spaced and 11-point font.** Promotion candidates may submit other documents to provide supporting evidence of accomplishments listed in the portfolio summary.

8) **Annual Reviews**
Include annual performance reviews from Department Chairs or Division Director. **The Heersink School of Medicine requires at least three annual reviews**; however, it is preferrable to have evaluations dating back to appointment/promotion to the current faculty rank. Arrange in chronological order within this section. As a best practice, evaluations should be signed by the chair/ evaluators and the faculty member.

9) **Reference Letters (Minimum of 3; Maximum of 5)**
These letters may come from UAB faculty or from faculty from other academic medical centers. It is recommended that one (1) letter come from a faculty member outside of your area of specialty. Letters of support may substantially influence how the candidate's application is judged. Please review the best practices guide/checklist for identifying reviewers and requesting letters. This section includes an email template for communication with potential reviewers.

If the proper format and/or forms are not used, the proposal will be returned to the Department to be resubmitted with the correct, revised forms and/or format.

Please bookmark PDF files using the template below.

Bookmarks

- Promotion Action Summary Form – ACT Track
- HSOM Appt & Promotion Guidelines for ACT Track
- CV
- Dept Reports/Letters
    - CAPC Committee Letter
    - Chair or Division Director Letter
- Service Portfolio
- Teaching Portfolio
- Research Portfolio
- Annual Evaluations
    - 2022 Evaluation
    - 2023 Evaluation
    - 2024 Evaluation
- Letter of Support
    - Dr. XXXXX
    - Dr. XXXXX
    - Dr. XXXXX

Note: For Academic Clinician Track, the teaching portfolio and research portfolio are optional. For faculty with accomplishments in these areas, it is recommended to highlight it in your portfolios.

Best Practices for Identifying UAB HSOM Promotion Candidate Reviewers

Identifying appropriate reviewers to write letters on behalf of promotion candidates can be a time-consuming activity, and their letters can substantially influence how a candidate's application is judged during review. Recognizing that these letters are an important part of the peer-review process, the following checklist was developed to assist you and your promotion candidates in this process.

We suggest that you provide to each of your letter writers the UAB Heersink School of Medicine Criteria for Promotion, the promotion candidate's CV, and a summary of the candidate's list of achievements to help them focus their letter of support on the candidate's important contributions. Our guiding principle should be to ensure reviewers provide fair and objective evaluations of our candidates, so that our own evaluators can rely on their expressed opinions. To achieve our goal of collecting fair and objective reviews, reviewers should disclose their relationship to the candidate so that our reviewers have full knowledge of these relationships. Importantly, reviewers should be asked to include in their letter an attestation that they meet the criteria of an 'arm's length' reviewer. This attestation should clearly state the following:

- the reviewer is not a close friend, relative, or spouse of the candidate,
- the reviewer has not been a supervisor, student, or mentor of the candidate in the last five years (for promotion to Clinical Associate Professor) or the last ten years (for promotion to Clinical Professor),
- the reviewer does not have a financial relationship with the candidate, and
- the reviewer has not been a co-author, close collaborator, or co-investigator of the candidate in the last three years (unless the reviewer and candidate collaborate on very large projects or are authors on publications with numerous authors or where the reviewer and the candidate have only a distant relationship, such as with multi-site research projects).

As a best practice, at least a majority of reviewers should be free of any of the above relationships with the candidate being reviewed. Letters should be returned to the Department CAPC Chair, a Department Promotion Representative, or the Department Chair. Letters of support should not be returned to the promotion candidate. Upon receipt of the letters, the Department should promptly review them to ensure each letter meets all the criteria outlined below. The department should submit a minimum of three (3) and a maximum of five (5) letters in the promotion packet.

Checklist for Requesting Reviewer Letters

1. Request a letter from at least five (5) reviewers to make certain that a minimum number of properly formatted letters can be included in the candidate's packet.
2. Reviewers must have an academic rank equal to or higher than that being sought by the candidate.
3. Reviewers should have recognized achievements within the candidate's declared area(s) of expertise, or closely aligned with such area(s).
4. Reviewers must be at "arm's length" and therefore may not be:
    - a close friend, relative, or spouse
    - a supervisor, advisor, student, or mentor of the candidate (e.g., within the last five years for promotion to Clinical Associate Professor and within the last ten years for promotion to Clinical Professor)
    - in a financial relationship with the candidate

- a recent co-author, collaborator, or co-investigator of the candidate (e.g., within the last three years)

5. All letters should be on official letterhead and signed.
6. Reviewers must state the candidate's current and proposed academic rank.

Email Template for Communication with Potential Reviewers

Dear Dr. ******,

The UAB Department of ****** plans to propose Dr. ****** for promotion to *[insert rank]* from *[his/her]* current rank of *[insert current rank]*. Our proposal will be supported primarily on the basis of Dr. ****** excellence in *[insert area of excellence]*. A copy of the Heersink School of Medicine guidelines for promotion are attached.

Institutional policy requires that evaluations of proposed candidates be obtained from persons who are considered to have an "arm's length" relationship with the candidate or who are authorities in their field. Accordingly, I ask that you provide an evaluation of Dr. ****** focusing on, but not limited to, the area mentioned above. We ask that reviewers include an attestation in your letter demonstrating that you meet the criteria as an arm's length reviewer including:

- You are not a close friend, relative, or spouse of the candidate,
- You have not been a supervisor, student, or mentor of the candidate in the last five years for promotion to Clinical Associate Professor and ten years for promotion to Clinical Professor,
- You do not have a financial relationship with the candidate, and
- You have not been a co-author, close collaborator, or co-investigator of the candidate in the last three years (unless the reviewer and candidate collaborate on very large projects or are authors on publications with numerous authors or where the reviewer and the candidate have only a distant relationship, such as with multi-site research projects).

In your letter, please state that you are evaluating Dr. ****** for promotion from *[insert current rank]*, to *[insert proposed rank]*, on the basis of *[his/her]* ***[insert area of excellence]***. It would also be helpful to reviewers to know whether Dr. ****** would be promoted in your department or at your institution. To aid with your evaluation, I have attached a copy of Dr. ****** curriculum vitae and a list of significant achievements.

I recognize how much of your time and effort is needed to respond to this request, but I assure you that your evaluation is of great importance. In order to meet the various deadlines associated with this process, I am requesting your letter of evaluation by ***[insert deadline to respond]***. You may either scan and email a copy of your letter to me at *****@uabmc.edu.

Please contact me with any questions or concerns. If you cannot meet the deadline or do not feel you are in a position to evaluate Dr. ******, I need to know this information as soon as possible.

Many thanks for your input and assistance.

Sincerely,

Summary for Evaluating Clinical Service, Other Service Activities, Teaching, and Scholarship

Clinical Service Activities

Excellence in patient care is recognized as a special competence in an assigned field and is an integral part of a clinical faculty member's service role. Clinical excellence is an application of all aspects of the art and science of medicine to the health and well-being of the patient. The outstanding physician blends the best of knowledge, judgment, interest, and concern with the major focus on the patient.

Some detailed examples are provided that illustrate the kinds of information and documentation faculty may use to demonstrate excellence in clinical service in the form of patient care. While faculty will not have contributions in all the examples listed, in-depth documentation of any contribution should be included in a proposal for promotion. The following examples are not exhaustive.

Documentation of outstanding clinical expertise as demonstrated through the following:

- Strong reputation as a clinical expert based on internal or external peer review as documented by referees from other UAB departments, affiliated healthcare centers, and other academic medical centers.
- Benchmarked outcomes of patient care (when appropriate and available).
- Evidence of innovations that improve patient care that have been developed or enhanced by the clinician.
- Clinical care awards or other recognition of excellence.
- Invitations to speak locally or nationally on topics related to area of clinical expertise, including continuing medical education (CME) activities.
- Requests to serve as consultant or educator/trainer to other institutions on areas related to clinical expertise.

Documentation of clinical leadership as demonstrated through the following:

- Directorship of a clinical service.
- Evidence of leadership role in a UAB clinical program, division, service, or section beyond providing clinical service (e.g., leadership role in clinical trials, medical service chief, chief of staff, medical director).
- Evidence of leadership roles in patient safety, quality improvement, systems-based care, or policy development.
- Evidence of playing major role in forming the curriculum of a clinical program, such as a fellowship or residency.
- Organization of a new or reorganization of an existing clinical service
- Development of a new inpatient referral service or treatment facility
- Organization of a critical care unit
- Reorganization of an outpatient department

Documentation of excellent contributions to healthcare quality and patient safety as demonstrated through the following:

- Development of innovative improvements to patient care, quality, and safety programs

- Clinical effectiveness and quality measures
- Demonstrated efficiency
- Customer/patient satisfaction

Other Service Activities

Service functions are recognized as positive evidence for appointment and promotion provided that this service emanates from the special competence of the individual in an assigned field and is an extension of the individual's role as a clinician, teacher, and/or scholar. In addition to service at UAB, participation at the level of the Birmingham community and the State of Alabama, as well as in regional and beyond, should be demonstrated in promotion packets.

Excellence in Service is achieved by having a leadership role with a strong intellectual component. A typical faculty member will have many service activities that do not rise to the level of excellence but are valued. Participation in such activities falls under the general service category of 'citizenship', which indicates a faculty member's willingness to be a contributor to the overall well-being of the department, school, and/or university.

Teaching Activities

Documentation of teaching activities as demonstrated through the following:

- Teaching of students, residents, or fellows in the classroom or, clinical setting, or other specific area of expertise (this includes continuing education)
- Curriculum development which includes development of objectives, materials, and methods of evaluation
- Student, resident, or fellow advising and counseling
- Student, resident, or fellow recruiting
- Facilitation of teaching efforts of the faculty, i.e. helping to assess the value of teaching objectives, or methods of evaluation, providing content material for courses of study
- Serving as a member of education, curriculum, or admissions committees
- Efforts to improve personal teaching skills

Scholarly Activities

Although scholarly work takes many forms, including research and other creative activities, a faculty member's effectiveness can be demonstrated by such achievements as publications and personal presentations of formal papers. The quality of the individual's scholarly approach, capacity for independent thought, originality, and products of research is best determined by critical review by one's peers. To have an impact, the information must be disseminated. This is best accomplished by publication in appropriate journals, monographs, or books, and by presenting scientific papers, and exhibits at scholarly meetings. Such activities provide the most compelling evidence of scholarship.

Some members of the faculty may contribute significantly in professional service, which can be considered as scholarly pursuit, such as the development and evaluation of new forms of

treatment, new surgical procedures, or innovative diagnostic techniques, the results of which are disseminated to the professional community by publication or scientific presentation.

Documentation of clinical scholarship as demonstrated through the following:

- Authorship of books, peer reviewed clinical articles, and/or review articles.
- Published case reports in peer reviewed or non-peer reviewed journals.
- Documented role in clinical conferences at local, regional, or national clinical or education meetings.
- Documentation of the development of new materials for clinical care, such as protocols that define clinical pathways, guidelines, or procedures.
- Participation as faculty in workshops designed to help other clinicians obtain new clinical skills.
- Evidence of innovations that improve patient care that have been developed or enhanced by the clinician.

FORMAT FOR
STANDARDIZED CURRICULUM VITAE
University of Alabama at Birmingham
Heersink School of Medicine Faculty

Date:

PERSONAL INFORMATION
Name:
Citizenship:
Foreign Language(s):
Home Address:
Phone:

RANK/TITLE
Department:
Business Address:
Phone:
Fax:
Email:

HOSPITAL AND OTHER (NON ACADEMIC) APPOINTMENTS:
PROFESSIONAL CONSULTANTSHIPS:

EDUCATION:

Year	Degree	Institution

MILITARY SERVICE:

LICENSURE:
BOARD CERTIFICATION:

POSTDOCTORAL TRAINING:

Year	Degree	Institution

ACADEMIC APPOINTMENTS: (In reverse chronological order)

Year	Rank/Title	Institution

AWARDS/HONORS:
PROFESSIONAL SOCIETIES:
MEMBERSHIPS:
COUNCILS AND COMMITTEES:

UNIVERSITY ACTIVITIES:

EDITORIAL BOARD MEMBERSHIPS:

MAJOR RESEARCH INTERESTS: (2-3 Sentences)

TEACHING EXPERIENCE:

MAJOR LECTURES AND VISITING PROFESSORSHIPS:

GRANT SUPPORT: (PAST AND CURRENT)
(Include year(s) of funding, amount of funding, PI on award, role on award if not PI)

OTHER:

BIBLIOGRAPHY:

MANUSCRIPTS:
(Numbered, in chronological order, faculty member's name should underlined or highlighted)

Manuscripts already published

Manuscripts in Press

Manuscripts submitted but not yet accepted

Manuscripts in preparation

Other Publications (letters to the author, book reviews, etc.)

BOOKS:
(Numbered, in chronological order, faculty member's name should underlined or highlighted)

Books and Book Chapters

Published abstracts
(Numbered, in chronological order, faculty member's name should underlined or highlighted)

Poster Exhibits

Oral Presentations
(Numbered, in chronological order, faculty member's name should underlined or highlighted)

Scientific papers presented at national and international meetings

Scientific papers presented at local and regional meetings

Invited workshops, etc. at national postgraduate courses and meetings and at other universities

Invited lectures at local and regional courses and meetings

MISCELLANEOUS:

Films, educational tapes, syllabi, software packages and courses developed, etc.

Communication Process for Faculty Promotions Recommended for Disapproval by the Clinical Faculty Council

Step 1) Send letter to department chair and copy CAPC chair to provide the general reasons for disapproval. Give the chair at least 5 business days to receive and review the notification. During this time, the Clinical Faculty Council Chair and/or Vice Chair will be available to discuss the reasons for disapproval, if needed.

Step 2) After 5 business days, disapproval notification will be sent to the promotion candidate. This letter will carefully explain the Clinical Faculty Councils' perceived weaknesses in the promotion packet. For example, the letter might say that the Clinical Faculty Council had questions about time at rank or documentation provided demonstrating excellence in clinical service. The goal is to communicate the perceived weaknesses in a way that focuses on the evidence provided in the packet instead of directing the criticism at the candidate.

The letter of notification to the candidate will provide:

- The process for submitting a request for reconsideration and the deadline for submitting an appeal.
- Clinical Faculty Council Chair and Vice Chair contact information (to discuss the reasons for disapproval and guidance, if desired)

The promotion candidate will have at least 10 days from the receipt of notification to prepare and submit his/her request for reconsideration.

Appeals/Request for Reconsideration Guidance:

We strongly suggest that you consult your Department/Division Chair and/or the Chair of your Departmental CAPC for guidance on whether reconsideration should be requested.

All appeals/request for reconsideration should follow the process listed below. Appeals/ request for reconsiderations not conforming to these requirements will not be considered.

APPEAL/RECONSIDERATION PROCESS:

- A letter (2 pages maximum, 0.5" margins, 11 pt Arial or 12 pt Times Roman font) addressing the reasons for disapproval.

- Pertinent supporting evidence. **All provided evidence must relate to information provided in the promotion packet submission originally reviewed by the Clinical Faculty Council.** In addition, information that was pending at the time of promotion packet submission (e.g., accepted manuscripts or grant awards) may be updated in your appeal letter, with supporting documentation.

- It is acceptable to include a support letter from your Department Chair (and/or Division Director) that directly addresses the given reason(s) for disapproval.

Please submit appeal/reconsideration materials to Scott Austin by (deadline TBD).

Clinical Faculty Council recommendations and HSOM Dean's final decision will be communicated the last week in June.