

**University of South Alabama
Mitchell Cancer Institute**

***Guidelines and Policies for
Faculty Appointments, Promotions and Tenure***

May, 2007

TABLE OF CONTENTS

Primary faculty appointments within the USA Mitchell Cancer Institute (USAMCI)	
A. Academic track4
B. Tenure, tenure-accruing or non-tenure appointments.....	.4
C. Appointment rank and title.....	.4
D. Board certification and licensure.....	.4
E. Materials required for new appointments.....	.5
II Academic promotion and tenure within the USAMCI	.5
III Requirements and criteria for academic promotion of USAMCI faculty	
A. Uniform promotion date5
B. Probationary periods.....	.5
C. General criteria for promotion within academic faculty tracks	
1. Oncologic Sciences6
2. Interdisciplinary Clinical Oncology7
IV Requirements and criteria for academic tenure of USAMCI faculty	
A. Tenure is evaluated separately from promotion or appointment	.8
B. Tenure in faculty tracks8
C. Probationary periods.....	.8
V USAMCI faculty may hold a secondary departmental appointment within the USA College of Medicine	
A. Rationale for secondary appointments.....	9
B. Process for secondary appointments.....	9
VI. Requests for promotion and/or tenure of USAMCI faculty	
A. Requests are reviewed once per year	11
B. Requests are initiated by the USAMCI Director or designee	
C. Standardized format for requests.....	
D. Letters of recommendation	1
E. Intra-institute review.....	
F. Submission of packets	
G. Recommendations are forwarded to the USAMCI Director .	
VII. Role of the Faculty Committee on Appointments, Promotion and Evaluation (FCAPE)	

APPENDICES

Appendix	Materials Required for New Appointments	12
Appendix 2.	Strategic Goals, Interdisciplinary Cancer Research and Healthcare Missions and Objectives of the USA Mitchell Cancer Institute	13
Appendix 3.	Examples of Scholarship.	15
Appendix 4.	Request for Promotion and/or Tenure: Required Materials and Format..	...16

GUIDELINES AND POLICIES

I. Primary Faculty Appointments within the USA Mitchell Cancer Institute (USAMCI)

- A Academic track. Appointment to a particular academic track is based on the expected primary focus of academic effort for that individual, i.e., cancer research or clinical oncology practice. For promotion or tenure, evaluation of scholarship focuses on the major academic effort defined by the appointment track:

1. *Oncologic Sciences* - major focus on research
2. *Interdisciplinary Clinical Oncology* - major focus on clinical practice

- B Appointments can be made on a tenure, tenure-accruing or non-tenure basis, depending on the track.

The awarding of tenure is considered separately from the appointments process, and is never automatic, regardless of previous tenure or years of service at other institutions.

2. Appointments to the Interdisciplinary Clinical Oncology track will not be tenure-accruing.
3. Tenure may be considered for Full Professors recruited to hold endowed Chairs in the Interdisciplinary Clinical Oncology track, though such appointment does not guarantee an offer of tenure.
4. Physician-scientists who have major focus on both research and clinical practice may be appointed to either the Oncologic Sciences or the Interdisciplinary Clinical Oncology tracks; however, tenure considerations will apply only to the Oncologic Sciences track.
5. Administrative appointments, such as Laboratory Chief, Chief of Service, or Program Leader, do not confer tenure.

C. Appointment rank and title

The rank of Lecturer is a faculty appointment. However, this is not a tenure-accruing rank. This rank can be used for individuals appointed to an Institute position who deserve faculty status but who do not have a terminal degree.

2. The rank of Instructor is also a faculty appointment. Although Instructors may not be granted tenure, years spent at this rank may be applied toward tenure-accruing years if this individual is subsequently promoted to a tenure-accruing position at the rank of Assistant Professor. (see Section III. B.).
3. Appointment at the level of Associate Professor or Professor requires evidence of significant academic, scholarly accomplishments by the candidate. New appointees are expected to meet the time in previous rank and promotion criteria established for the proposed rank within the pertinent track (see Section III.B. and III.C.).
4. Physician-scientists initially appointed in the Interdisciplinary Clinical Oncology track may be considered for transfer to the Oncologic Sciences track, or *vice-versa*, depending upon their qualifications and experience pertinent to either track.
5. The academic rank and track will be used as the professorial title for all faculty.

D. Board certification and licensure

Physicians (MD or DO) must have a current Alabama license.

- 2 To be appointed as an Assistant Professor, physicians must be board-eligible in their specialty.
3. Physicians promoted to Associate Professor or newly appointed as Associate or Full Professor must be board-certified in their specialty or subspecialty.
- 4 Board certification must be by a board recognized by the American Board of Medical Specialty or the American Osteopathic Association.

E. Materials required for new appointments. These should be submitted at least 5 weeks in advance of the proposed appointment date. These can be reviewed throughout the year. The materials required are outlined in Appendix 1.

II. Academic promotion and tenure within the USAMCI

A Regardless of the academic track, promotion to successive ranks and/or tenure is based on the expectation of excellence and scholarship. Promotion or tenure is never automatic, regardless of the number of years of service.

B Evaluation for promotion or tenure is based on assessment of scholarship and service in support of the strategic goals and interdisciplinary cancer research and healthcare missions and objectives of the Mitchell Cancer Institute (Appendix 2). The academic track identifies the major focus for evaluation of scholarship. General criteria for promotion and tenure in each track are outlined in this document.

C Excellence is defined as a high quality of performance and sufficient quantity of performance.

D Scholarship is defined as the intellectual/creative synthesis of new knowledge or insights, the testing of new hypotheses, and the dissemination of ideas and findings to colleagues. Excellence is intrinsic to scholarship, in that the product of scholarly activity should be peer-reviewed. Scholarship may be documented in many areas. Expanded definitions and some examples are given in Appendix 3.

III Requirements and criteria for academic promotion of USAMCI faculty

A The University has a uniform promotion date of August 15th.

B Probationary periods - time in rank

Instructors and Assistant Professors with tenure-accruing appointments must be recommended for promotion to the rank of Associate Professor prior to the end of the 7th year of total creditable service. A recommendation relating to tenure must accompany the request for promotion.

2. Generally, candidates must have at least 6 years of full-time professorial experience as an Assistant Professor before a promotion to Associate Professor will be considered.

3. Credit for previous full-time academic service may be granted up to a maximum of 3 years. If credit is granted, the number of years will be specified in the individual's initial letter of appointment. Lacking this specification, prior experience cannot be used to meet time-in-grade requirements for promotion.
4. To be considered for promotion to the rank of Professor, the candidate must have at least 4 years of full-time academic experience as an Associate Professor.
5. Time spent on sabbatical leave may count toward the required probationary period, whereas other types of leave (e.g., family or medical leave) do not count.

C. General criteria for promotion

Oncologic Sciences. Faculty in this academic track are full-time USAMCI employees whose professional effort is focused on basic, translational and/or clinical cancer research. *All USAMCI faculty are expected to contribute substantially toward the overarching strategic goal of the USAMCI to achieve and maintain designation as a National Cancer Institute Comprehensive Cancer Center (Appendix 2). Scholarly activity related to cancer research is expected for advancement in rank.*

- a. Assistant Professor. At the Assistant Professor level, faculty in this track must have an MD, PhD, or equivalent terminal degree. During the term of appointment at this rank, development of the faculty member with respect to *scholarship and service in behalf of the interdisciplinary missions and objectives* (Appendix 2) of the USAMCI is expected. The major commitment of scholarly effort in this academic track is to cancer research.
- b. Associate Professor. Promotion to Associate Professor within this track will ordinarily be awarded to faculty who demonstrate a significant body of independent and collaborative cancer research that is recognized by scientific peers at the national level, and *excellence in scholarship and service to the interdisciplinary missions and objectives* (Appendix 2) of the USAMCI. Continued service and performance at the rank of Assistant Professor shall not, by itself, constitute grounds for promotion to Associate Professor. Faculty at this rank are expected to be nationally-recognized for their work, as measured by success in obtaining and maintaining extramural funding as Principal Investigator for investigator-initiated, hypothesis-oriented and peer-reviewed cancer research projects from one or more major national funding agencies, and a high-quality and substantial publication record in peer-reviewed journals. Invited talks at local and regional scientific meetings also provide evidence for independence and recognition, and likewise participation in the peer-review process for scholarly journals or study sections, typically in the capacity of an ad hoc reviewer, and in local or regional professional scientific organizations.
- c. Professor. Promotion to the rank of Professor in this track requires a consistent, sustained record of outstanding performance at the Associate Professor level. However, continued service and performance at the rank of Associate Professor shall not, by itself, constitute grounds for promotion to Professor. With respect to research, a sustained track record of obtaining and maintaining multiple independent NIH grants or extramural funding of equivalent status is expected, as is the attainment of a strong national reputation for research. Sustained outstanding *scholarship and service in*

support of the interdisciplinary missions and objectives (Appendix 2) of the USAMCI is expected. In addition, evidence of leadership is expected for promotion to this rank, both within the USAMCI, the University and within the scientific community. For example, the individual would be expected to demonstrate leadership, e.g., as chair of USAMCI committees or via other substantial and sustained administrative duties for the USAMCI. Leadership in service could also be evidenced by service as an officer or committee chair for national and international scientific societies, in the design of national or international scientific meetings, as a regular member of a study section, or as a member of a peer-reviewed journal editorial board.

2. Interdisciplinary Clinical Oncology. Faculty in this track are full-time USAMCI employees whose professional effort is focused predominantly or exclusively on oncology clinical practice. *All USAMCI faculty are expected to contribute substantially toward the overarching strategic goal of the USAMCI to achieve and maintain designation as a National Cancer Institute Comprehensive Cancer Center (Appendix 2). Scholarship and excellence related to interdisciplinary clinical oncology practice are expected for promotion within this track.*
 - a. Assistant Professor. Assistant Professors in this track must have an MD or equivalent terminal degree, must have completed an ACGME-accredited training program and be eligible to take the specialty examination in his or her field. During the term of appointment at this rank, development of the faculty member with respect to *scholarship and service in behalf of the interdisciplinary missions and objectives (Appendix 2) of the USAMCI* is expected. Faculty in this track must demonstrate commitment to scholarship and excellence regarding cancer patient care, the latter documented through patient satisfaction measures, clinical performance measures, and peer evaluations.
 - b. Associate Professor. Promotion to Associate Professor within this track will be based on scholarship with respect to oncology clinical practice and the delivery of exceptional clinical service to the local and regional community, *and sustained excellence in scholarship and service in behalf of the interdisciplinary missions and objectives (Appendix 2) of the USAMCI.* Although the primary focus of this track is clinical care, delivery of such care will not, in and of itself, constitute grounds for promotion to Associate Professor. Academic efforts will focus on the scholarship of application, integration and/or discovery with respect to oncology clinical practice. The applicant will be expected to include sufficient information to the committee to demonstrate the importance of this work to the institution. Though not the only criteria, publication and/or presentation of scholarly efforts in national forums will be considered strong evidence as to the importance of the work. Evaluation of clinical services by outside organizations, which demonstrates a level of care that meets or exceeds national standards, will provide strong evidence for excellence. Applicants should continue to demonstrate excellence in direct care delivery as documented through patient satisfaction measures, clinical performance measures, and peer evaluations and should maintain clinical certification by his or her specialty board. Active participation in USAMCI committees, particularly those which pertain to clinical care, is required. Participation in planning and program committees for local or

- regional medical organizations may constitute another measure of service.
- c. Professor. Promotion to the rank of Professor requires a consistent record of excellence and scholarship at the Associate Professor level. This individual should be recognized as a preeminent clinician and should have a record of continued excellence and scholarship with respect to clinical practice. This could be evidenced through introduction and implementation of major clinical innovations or major improvements in the delivery of clinical services within the USAMCI. Evidence of successful review of the service by external agencies should be provided if available. Sustained outstanding *scholarship and service in support of the interdisciplinary missions and objectives (Appendix 2) of the USAMCI is expected*. Leadership is expected for promotion to this rank. This could be evidenced by clinical leadership within the USAMCI, such as directorship of a clinical service, leadership within USAMCI committees and/or administrative duties to the Institute. In addition, the individual would be expected to provide leadership within local, regional or national professional medical organizations, through leadership on planning and program committees. Continued demonstration of excellence in direct care delivery as documented through patient satisfaction measures, clinical performance measures, and peer evaluations is expected, as is maintenance of clinical certification by specialty boards.

IV. Tenure

- A. Tenure is evaluated separately from promotion or appointment. Tenure is recommended based on: 1) evidence of the capacity and likelihood for continued academic excellence, including continued intellectual, scholarly, and professional vitality; 2) evidence of long-term dedication and continuing contributions to achievement of the strategic goals of the USAMCI; and 3) ability and willingness to serve in the best long-term interests of the interdisciplinary missions and objectives of the USAMCI.
- B. Tenure in faculty tracks. Tenure acquisition is never automatic, regardless of the number of years of service and does not apply to all tracks.

Oncologic Sciences. Tenure may be granted to faculty whose excellence in professional and scholarly activities is recognized at the national level, who have a strong and sustained record of peer-reviewed extramural grant funding for their cancer-related research at the USAMCI, who have a consistent and sustained record of service in support of the strategic goals, interdisciplinary missions and objectives of the USAMCI, and who demonstrate a long-term commitment to the Institute and the University.

- 2 Interdisciplinary Clinical Oncology. This is not a tenure-accruing track.

- C. Probationary periods - time in rank

Tenure for faculty promoted from within the USAMCI

- a. Assistant Professors in tenure-accruing tracks must be recommended for promotion to the rank of Associate Professor and tenure prior to the end of the 7th year of service.

- b. For newly appointed Assistant Professors, credit for previous full-time tenure-accruing service at other institutions may be granted up to a maximum of 3 years. If credit is granted, the number of years will be designated in the letter of appointment.
 - c. Faculty promoted to the rank of Associate Professor, but not awarded tenure will be considered for tenure after a probationary period, not to exceed 3 years. The total duration of non-tenured appointment at the University of South Alabama for these individuals should not exceed 7 years. If the term of prior non-tenured appointment as Assistant Professor exceeds 4 years, the length of service as Associate Professor before tenure eligibility will be reduced so that the total non-tenure appointment does not exceed 7 years.
2. Tenure for new appointments
- a. Professors and Associate Professors holding tenure at other institutions may receive tenure when appointed to the faculty of the USAMCI in the Oncologic Sciences track, though tenure is never automatic.
 - b. Individuals recruited from outside the institution to tenure-accruing appointments at the rank of Professor or Associate Professor should be evaluated for tenure after probationary periods of no more than 4 and 5 years, respectively.
 - c. Lecturers, Instructors and Assistant Professors will never be eligible for tenured appointments.
 - d. Appointments to the Interdisciplinary Clinical Oncology track will not be tenure-accruing.
 - e. Tenure may be considered for Full Professors recruited to hold endowed Chairs in the Interdisciplinary Clinical Oncology track, though such appointment does not guarantee an offer of tenure.
 - f. Physician-scientists who have major focus on both research and clinical practice may be appointed to either the Interdisciplinary Clinical Oncology track or the Oncologic Sciences track; however, tenure considerations will apply only to the Oncologic Sciences track.
 - g. Administrative appointments, such as Laboratory Chief, Chief of Service, or Program Leader, do not confer tenure.
3. Time spent on sabbatical leave does count toward the required probationary period, whereas other types of leave (e.g., family or medical leave) do not count.

V Secondary (Joint) Appointments

- A. Primary faculty appointees in the USAMCI may hold a secondary appointment in a USA College of Medicine (USACOM) department *when there is sufficient participation of the USAMCI faculty member in the educational programs and other functions of the secondary department* to justify such an appointment. A secondary appointment must mutually benefit the faculty, the USAMCI and the USACOM department involved.

Rationale for secondary appointment

- a. Secondary appointments on the basis of teaching reflect substantial contributions of the appointee to teaching and other activities within the secondary department.
 - b. USAMCI faculty who wish to mentor PhD trainees in the USACOM Basic Medical Sciences Graduate Program must hold a secondary appointment in one of the USACOM Basic Science departments and must hold Graduate Faculty status acquired through a separate application processed through the USACOM Graduate Executive Committee and the USA Graduate School.
2. Secondary appointments are always on a non-tenure basis.
 3. All secondary appointments are made at the rank of Assistant Professor or above. Secondary appointment as an Associate Professor or Professor requires that the appointee demonstrate accomplishments similar to those required for primary appointment at that rank or promotion to that rank in the secondary department.
 4. Appointments do not have to be parallel, i.e., the individual's rank in the secondary appointment with a USACOM department may be lower than that in the primary appointment with the USAMCI.
 5. USAMCI primary faculty are not permitted a secondary appointment in more than one USACOM department.
 6. The secondary department carries no responsibility for remuneration or recommendations for tenure.

B. Process for secondary appointments

Requests for secondary appointments of USAMCI faculty in USACOM departments must be initiated by the Chair of the secondary department.

2. The appointment packet should include: a letter from the Chair of the proposed secondary department documenting the relationship, and the responsibilities entailed. The letter should be approved and co-signed by the prospective appointee and the Director of the USAMCI.
3. Secondary appointments should only be continued for as long as the perceived value of the relationship continues. The Chair of the secondary department, the USAMCI Director and the appointee should review the relationship annually.

VI. Requests for Promotion and/or Tenure

- A. Requests for promotion and/or tenure are reviewed once per year.
- B. Requests are initiated by the USAMCI Director or designee thereof. The letter accompanying the request should summarize the rationale for promotion and/or tenure.
- C. All requests for promotion and/or tenure will be prepared and submitted in a standardized form (see Appendix 4). This packet will include documentation of the candidate's qualifications and other required materials that can be used in support of a candidate (e.g., letters of recommendation, the Director's or designee's letter, and the summary from the intra-Institute review).

- D The request for promotion and/or tenure must include a minimum of three letters from individuals outside the institution and three letters from individuals within the institution.
- E Requests for promotion and/or tenure must be initially reviewed within the USAMCI faculty and Membership at or above the proposed rank. A summary of the intra-Institute review must be included in the promotion packet.
- F Packets documenting materials required for "Requests for promotion and/or tenure must be organized in a 3-ring binder, and fourteen copies of the complete packet submitted. The deadline for submission of packets is April 1st of the proposed promotion/tenure year.
- G Recommendations for promotion and/or tenure are forwarded from the review committee to the USAMCI Director. Final administrative action is taken by the President of the University who submits recommendations to the Board of Trustees. Promotions and tenure are granted only by the Board.

VII. Role of the USACOM Faculty Committee on Appointments, Promotions and Evaluations (FCAPE)

FCAPE is the review body for USACOM faculty appointments, promotion and tenure. *Since review criteria for rank and track within the USAMCI are generally similar to those used within the USACOM, the USAMCI has elected to have FCAPE serve as the review body for USAMCI faculty appointments, promotion and tenure.*

In performing such reviews in behalf of USAMCI, FCAPE will ensure that appropriate emphasis and weighting are applied to USAMCI-specific criteria for appointment, promotion and tenure evaluations for USAMCI primary faculty.

- A FCAPE will review new USAMCI appointments, promotions and/or tenure recommended at the level of Associate Professor or higher. For appointments at the rank of Lecturer, Instructor, and Assistant Professor appointment packets should be forwarded to FCAPE for informational purposes, but FCAPE does not review.
- B Requests for new secondary appointments of USAMCI faculty in COM departments will be reviewed by FCAPE.
- C Requests for promotions of USAMCI faculty in secondary appointments within COM departments will be reviewed by FCAPE.
- D Requests for change of academic track of an individual into a track different from the one into which initially appointed (e.g. a request for change of a USAMCI physician-scientist initially appointed in the Interdisciplinary Clinical Oncology track to the Oncologic Sciences track) will be reviewed by FCAPE.

- E. Recommendations by FCAPE on appointments, academic track changes, promotions and tenure for USAMCI faculty would be forwarded from FCAPE to the USAMCI Director.
- F. Appeals regarding promotion and tenure decisions should be made directly to the appropriate administrative official, not to FCAPE.

APPENDIX 1

Materials Required for New Appointments Checklist

These should be forwarded to the USACOM Office of Faculty Affairs (CSAB 170) **at least 1 week in advance of the FCAPE meeting**, no later than the month prior to the proposed appointment date.

ONE (1) complete set of original materials:

- ☐ Completed Faculty Action Form
- ☐ Director's letter. This letter should outline the proposed track and rank for the new appointee, as well as whether this appointment will be on a tenure-accruing or non-tenure basis. In addition, the letter should briefly summarize the appointee's qualifications and expected contributions to the Institute.
- ☐ An up-to-date curriculum vitae (CV); materials requested in a *Standard Format for CV* should be included in the CV.
- ☐ A completed USA Biographical Data Form
- ☐ I-9 form
- ☐ At least three letters of reference from individuals who can evaluate the academic and/or clinical qualifications of the appointee.
- ☐ Originals or certified copies of undergraduate and graduate transcripts
- ☐ For physicians, documentation of current Alabama licensure
- ☐ For physicians, a copy of the appointee's application for Medical Staff Allied Health Appointment (Hospital Privilege Form).
- ☐ For physicians, all forms required for credentialing by medical insurance companies

THIRTEEN (13) collated sets of materials:

- ☐ Completed Faculty Action Form
- ☐ Director's letter
- ☐ An up-to-date curriculum vitae
- ☐ Letters of reference

APPENDIX 2

Strategic Goals, Interdisciplinary Cancer Research and Healthcare Missions and Objectives of the USA Mitchell Cancer Institute

The overarching strategic goal of the USAMCI and its allied institutional partner(s) is to achieve and maintain designation as a National Cancer Institute Comprehensive Cancer Center within the next 10-15 years. Specific requirements for achieving NCI designation, and details concerning the NCI Centers Program, are available at the following NCI website and links therein (<http://www3.cancer.gov/cancercenters>).

The USAMCI is dedicated to innovation and excellence in cancer research and oncology healthcare across many disciplines. Central to our mission is the translation of laboratory research into innovative clinical applications to reduce cancer incidence, morbidity and mortality, and to improve detection, diagnosis, treatment and prevention. Our future success at achieving designation as an NCI Cancer Center will be critically dependent upon our breadth and depth of clinical excellence, our impact upon the quality and availability of oncology healthcare in our region, the investigational successes of our faculty and Members, the productivity and value-added support of our core facilities and other shared resources, and the intense collaborative interplay among our faculty and Members. *A highly interactive and productive participation of our faculty and Members in USAMCI programs and related activities will comprise an important benchmark of our overall success, as well as a critical element for assessing each individual faculty or Member's impact on the mission of the USAMCI.*

In accord with the above, objectives of the USAMCI include but are not limited to the following

Develop and maintain a broad portfolio of cancer-related research and service programs encompassing basic/translational science, clinical research and trials, prevention, control, and community-based research and outreach to expand and complement existing regional cancer research and clinical resources.

- (2) Develop and provide a series of shared, core-support facilities and expertise to enable and enhance intra- and inter-institutional collaborations in cancer research, technology development and interdisciplinary oncology healthcare.

Contribute to strengthening areas in cancer research and clinical oncology support services at USA that will benefit from greater depth and breadth. In particular, the Institute will strive to develop translational oncology programs by fostering new faculty appointments of high quality and by providing developmental and/or shared resource support where appropriate and available.

Strive for the highest quality of clinical care by promoting cross-disciplinary prevention, diagnostic, and treatment services; by implementing and evaluating new clinical and research program management approaches, technologies, and business models; and, by fostering the rapid clinical application of state-of-the-art methods of cancer care and control.

Collaborate with the USA College of Medicine, Nursing, and Allied Health Sciences to initiate and/or strengthen pre- and post-doctoral oncology research and training programs

to help grow the oncology professional and technical workforce locally, regionally and nationally.

Serve as a community and regional resource by sponsoring and conducting informational and educational activities for citizens, patients, and health care professionals, and by implementing outreach programs that link communities to the research and services of the Institute.

Participate in teaching, training, and other educational and service activities that enhance the research and service missions of the USAMCI.

- (8) Nurture and advance the growth of formal alliance(s) between the USAMCI and other regional healthcare system(s) to accelerate the introduction of the latest advances in cancer care, research and technology to our region; such alliance(s) will not only combine the institutional strengths of USA and the other system(s), but also broaden and enhance the cancer professional and support workforce associated with the allied institution(s).
- (9) Promote active participation in USAMCI research and clinical programs by other practicing health professionals in the Mobile and Baldwin County areas and throughout the broader Gulf coastal region.

APPENDIX 3: Examples of Scholarship

Category	Definition	Examples
Scholarship of discovery	<ul style="list-style-type: none"> • basic research • clinical research • investigation of translational or applied problems in clinical medicine 	<ul style="list-style-type: none"> • peer-reviewed research publications • success in obtaining peer-reviewed extramural grant funding • recognition by peers as independent investigator • invited presentations at national or international scientific meetings • participation in development of program projects and training grants
Scholarship of integration	<ul style="list-style-type: none"> • synthesis of isolated facts into a new perspective • connections made across disciplines • illumination of data in revealing and creative ways • development of new insight on original research 	<ul style="list-style-type: none"> • publication of clinical or basic science reviews • publication of monographs or book chapters
Scholarship of application	<ul style="list-style-type: none"> • application of clinical or basic science knowledge • scholarship with respect to service requires rigor, excellence, and accountability • development of new intellectual understanding relating to medical diagnoses, treatment, or public policy 	<ul style="list-style-type: none"> • published clinical or basic science reviews • reports of innovative treatment • editorials or special reports regarding health care • organization of a new clinical service • implementation of new, cutting edge treatment modalities or clinical services • recognition by peers regionally and nationally as a preeminent clinician • success in obtaining extramural funding to support and develop clinical infrastructure

APPENDIX 4

Request for Promotion and/or Tenure: Required Materials and Format

All information requested must be supplied. No question should remain unanswered. Use N/A (not applicable) where necessary. All materials should be organized in this format and submitted in a 3-ring binder. Major sections should be separated by tabbed dividers. The deadline for submission of packets is April 1st. Fourteen (14) copies of the complete packet are required.

Personal history

- A. Full name - Self-explanatory
- B. Date and place of birth - Self-explanatory
- C. Education

Earned degrees

Beginning with the baccalaureate, list each degree earned, the institution awarding the degree, the city and state where the institution is located, and year the degree was conferred. Example: B.S., University of Chicago, Chicago, IL, 1980.

- 2. Honorary degrees - Cite as above
- 3. Fellowships, internships, residencies, etc

List additional educational experiences for which no academic degree is awarded, including postdoctoral fellowships, internships, residencies, special courses, etc. The nature of the educational experience should be cited, followed by the institution where obtained, city and state, and inclusive dates. Example: Residency in Medicine, Cook County Hospital, Chicago, IL, 1986-1988.

- 4. Academic honors - Self-explanatory
- 5. Board certification, licenses, memberships in professional societies

This section should include only those items that involve recognition of professional achievements. Of particular relevance to this item are those organizations that require examination or nomination and election for certification or membership. Membership in "open" professional societies where the main criterion for membership is payment of dues should not be included here.

D. Employment history

Present academic rank, and track within USAMCI - Self-explanatory

2. Secondary appointment (if any) in a USACOM department – Self-explanatory
3. Time in rank

Indicate the time in rank for the primary USAMCI appointment, and for the secondary USACOM appointment (if any) separately.

4. Past positions

List all positions in chronological order, ending with the position held immediately prior to the present academic position. Do not cite in this section those educational experiences listed in Section I.C. For each position, include the rank or position title, department, institution, city and state, and inclusive dates of employment. Example: Director, Division of Hematology; Associate Professor, Department of Medicine; Tulane University, New Orleans, LA, 1995-1998.

E. Academic track(s) within USAMCI (for review of scholarship)

F. Proposed rank(s), primary appointment (and secondary appointment, if applicable)

USAMCI faculty requesting concurrent promotion in a secondary appointment with a USACOM department, should so indicate here.

II. Review

A USAMCI Director's or designee's letter

The USAMCI Director's or designee's letter must 1) provide a detailed and evaluative appraisal of the candidate's qualifications and academic contributions, 2) reiterate the academic track in which the candidate's credentials should be reviewed with respect to scholarship and excellence, and 3) summarize the rationale for promotion and/or tenure.

B Summary report from intra-departmental review

Requests for promotion and tenure must initially be reviewed by USAMCI faculty and Membership at or above the proposed rank. A summary of the review, stating the following elements, should be included here:

Faculty and/or Members participating
Recommendation
Statement of rationale

C Signature and title of the person initiating this request - Self-explanatory

III. Letters of recommendation

- A A minimum of three letters of recommendation are required from qualified individuals outside the institution, such as Chairs of departments, faculty who have participated in the promotions and tenure process at their institution, or faculty who hold regional or national professional leadership positions. It would be helpful if these individuals were asked to comment on whether the candidate would be promoted or tenured at their own institution.

At least two should be from individuals who were not previous mentors or collaborators

- B A minimum of three letters of recommendation from inside the institution, in addition to the USAMCI Director's or designee's letter, must also be included. These could be solicited from professional colleagues or administrators.

At least two should be solicited from individuals other than those participating in the intra-Institute review

- C Samples of the letters requesting an evaluation of the candidate sent by the USAMCI Director or designee to individuals outside and inside the institution should be included in the packet.

IV Secondary appointment

This section is required only if promotion is requested for secondary appointment

- A When a candidate is requesting promotion in both the USAMCI and a USACOM secondary department this section should include letters from both the USAMCI Director and the USACOM departmental Chairs.
- B It is critical that the Chair of the USACOM department in which the candidate holds a secondary appointment clearly state the rationale for promotion in the secondary department.
- C It is conceivable that the committee would strongly support a candidate's promotion in the USAMCI, but not favorably review the request for promotion in the secondary department.

V. Material essential to the evaluation of candidates

In this section, the candidate should document all activities since the first faculty appointment noted in Section I.D.3, unless otherwise specified. When relevant, the material should be organized in chronological order, ending with the most recent items.

A. Scholarship and excellence

This section encompasses the major criteria for promotion and/or tenure. Both scholarship and excellence are expected for promotion and tenure. Scholarship must be documented in the major area identified by the appointment track(s) (Oncologic Sciences

and/or Interdisciplinary Clinical Oncology) for either promotion or tenure. Attention to detail and completeness in organizing the material of this section is essential.

Scholarship related to research

a. Publications and funding

Published, peer-reviewed contributions

Only those publications accepted and published in bona fide professional journals should be included in this section. List authors' names as they appear in the literature, followed by the title of the publication, name of the journal, volume number, inclusive pages and year. Reprints of the 3 most representative publications should be included in the Appendix.

ii. Unpublished contributions (submitted and in review)

List authors, the title of the manuscript, name of the journal to which the manuscript has been submitted, and the year. Copies of manuscripts must be attached for review in the Appendix.

iii. Abstracts

This section may include published abstracts of poster or oral presentations at professional meetings. Use the same format as above.

iv. Books

List authors, book chapter and/or book title, editor, publishers, inclusive pages and year. A brief description of the items listed would be useful. In lieu of this, copies may be attached for review in the Appendix.

v. Documentation of other scholarly activity related to research

In this section, the candidate may detail other scholarly activities that pertain to research. This may include, for example, organization of conferences and/or symposia.

vi. Extramural research support

List in chronological order all grants or contracts awarded to the candidate, as principal investigator. Give the organization awarding the grant, the grant number, project title, percent effort, total funding period (i.e., 1998-2001), and total direct costs for the complete grant period.

List separately grants or contracts on which the candidate acted as co-principal or collaborating investigator, using the same format.

b. Regional, national and international contributions

Invited presentations

Particular emphasis should be given to invited scientific presentations before professional groups. These may include invited seminars at other institutions and participation in professional conferences. Conference poster or oral presentations of abstracts should not be included here. List only invited presentations for the last 5 years.

ii Professional recognition and leadership

Cite participation in regional and national peer review groups, editorial boards and journal editorships focusing on original research, committee participation and/or leadership in professional scientific societies. For each, note the group, role and inclusive years of appointment. Election to distinguished scientific societies or appointments to national scientific oversight groups should be noted here.

2. Scholarship related to clinical practice

a Publications and funding

Published, peer-reviewed contributions

Only those publications accepted and published in bona fide professional journals focusing upon clinical practice should be included in this section. Editorials, case reports, position statements on clinical care, etc. are appropriate for inclusion here. List authors' names as they appear in the literature, followed by the title of the publication, name of the journal, volume number, inclusive pages and year. Reprints of the 3 most representative publications should be included in the Appendix.

ii. Unpublished contributions (submitted and in review)

List authors, the title of the manuscript, name of the journal to which the manuscript has been submitted, and the year. Copies of manuscripts must be attached for review in the Appendix.

iii. Abstracts

This section may include published abstracts of poster or oral presentations at professional meetings. Use the same format as above.

iv. Books or other scholarly documents pertaining to clinical practice

For books, list authors, publisher, inclusive pages and year. For other materials, a brief description of each would be useful, including a discussion

of the role of the candidate in preparing these materials. Copies may be attached for review in the Appendix.

v Documentation of other scholarly activity related to clinical practice

In this section, the candidate may detail other activities that utilize the scholarship of application, including development of new clinical services, substantive reorganization of existing services, or implementation of new, cutting-edge treatment modalities, etc.

vi. Extramural funding related to clinical practice

List in chronological order all grants and contracts awarded to the candidate, as principal investigator, for development of clinical infrastructure, equipment or new clinical services. Give the organization awarding the grant, the grant number, project title, percent effort, total funding period (i.e., 1998-2001), and total direct costs for the complete grant period.

List separately grants on which the candidate acted as co-principal or collaborating investigator, using the same format.

b. Regional, national and international contributions

Invited presentations

Particular emphasis should be given to invited presentations before professional groups focusing upon clinical care or practice. These may include invited seminars regarding clinical care or practice at other institutions and invited talks at professional conferences. Conference poster or oral presentations of abstracts should not be included here. List only presentations for the last 5 years.

ii. Professional recognition and leadership roles

Include participation in professional journals or professional societies that focus upon clinical care or practice, such as membership on editorial boards or journal editorships, participation in society committees, and/or leadership or professional societies. Participation as an examiner for certifying specialty or sub-specialty boards is also appropriate to include here. For each, note the group, role and inclusive years of appointment.

B Service

Research support of the strategic goals, interdisciplinary missions and objectives of the USAMCI

a. Collaborative engagement in the initiation and growth of USAMCI programmatically aligned research programs

Included here are brief descriptions of the candidate's contributions that may be exemplified by but not limited to the following: proactive collaborations with other USAMCI faculty and Members to enhance the quality and productivity of USAMCI interdisciplinary cancer research programs; technical assistance, consultation or advice to support other USAMCI faculty and Members' research; participation in USAMCI recruitment activities to expand and enhance USAMCI research faculty and programs; joint publications, joint grants /grant applications, and/or other outcomes of collaborative initiatives among USAMCI faculty and Members.

b. Technical core-support of USAMCI research programs and investigators

Summarized here are contributions of a technical nature provided by the candidate to broadly enable and expand the cancer research capabilities across the USAMCI, USACOM, the University and collaborating institutional partners.

2. Clinical support of the strategic goals, interdisciplinary missions and objectives of the USAMCI

a. Collaborative engagement in the initiation and growth of USAMCI programmatically aligned clinical research and service programs

Included here are brief descriptions of the candidate's contributions that may be exemplified by but not limited to the following: proactive collaborations with other USAMCI faculty and Members to enhance the quality and productivity of USAMCI interdisciplinary clinical research and service programs; initiation of and/or collaboration in the design and implementation of cancer clinical trials under auspices of the USAMCI; active support of clinical cancer research through patient accruals to cancer clinical trials at USAMCI; other support of clinical cancer research and/or interdisciplinary clinical services through direct clinical participation, and sustained intellectual and practical assistance.

b. Clinical service responsibilities and productivity

This section should be used to describe fully the candidate's individual productivity as a clinician. Clinics, attending duties, or other clinical responsibilities should be detailed. For each, the candidate should summarize the major contributions and clinical responsibilities (e.g., workload, patient numbers, clinical billings and revenues, etc.). If these have changed from year to year, give a summary of responsibilities and clinical volume for each year to be reviewed.

c. Relation of workload to professional/national norms

An objective comparison of the candidate's clinical workload to national or discipline-specific benchmarks should be included if such data are available

3. Educational and teaching activities specifically in support of the strategic goals, interdisciplinary missions and/or objectives (Appendix 2) of the USAMCI
4. Community service, outreach and other extramural activities in support of the USAMCI missions and objectives of the USAMCI

This section may include documentation of contributions to the lay press or articles published in non-refereed magazines and journals. Also pertinent to this section are speeches delivered to civic groups, and contributions to the public through newspapers, radio, television, and magazines. Other activities which include service to the lay community should be documented, such as memberships on advisory boards or boards of directors.

5. Administration

a. Positions held

List all USMCI administrative positions held over the past five years. For each position, note the inclusive years of appointment.

b. Evaluation of administrative ability

The USAMCI Director should carefully evaluate the candidate's administrative ability. Particular emphasis should be directed to the candidate's ability to supervise and coordinate complex activities. Demonstrated leadership examples should be noted.

6. Committee service and leadership

List committee memberships over the past five years, noting, if any, those committees for which the candidate has served as Chair. Note the term of appointment for each (e.g., 2000-2003).

- a. Departmental committees
- b. College or Institute committees
- c. University committees

7 Teaching contributions to the secondary department (list any applicable)

This section is required if promotion is requested for a secondary appointment in a USACOM department

1 Local teaching contributions of the USAMCI faculty member *specifically to the secondary USACOM department*

a. Course responsibilities

For each course, indicate the nature of the course, the number of students involved (approximately), and the number of contact hours. Only formal (for

credit) teaching responsibilities should be included here. If these responsibilities have changed from year to year, detail the teaching load for each year to be reviewed.

b. Invited teaching presentations, e.g., Grand Rounds

Give dates, titles of presentation and target audience for each. List only presentations for the last 5 years.

c. Advising and mentoring responsibilities

This section includes documentation of graduate training in the PhD program (as major advisor or member of dissertation committees), mentoring of undergraduate or medical students in the summer research program, the research honors program, or mentoring of master's degree students or mentoring of postdoctoral fellows.

d. Graduate medical education

Document involvement in graduate medical education. For each course, indicate the nature of the training, the number of students involved (approximately), and the number of contact hours.

2. Evaluation of teaching ability

a. Student and/or resident/fellow evaluations

An evaluation of the candidate's capabilities as a lecturer and/or as a clinical preceptor by trainees should be included. Do not include copies of individual evaluations from students. For each pertinent course, summarize formal evaluations by students for each year. Document trends over the last 5 years.

b. Supervisor/peer evaluation

Departmental chairs or immediate supervisors should carefully evaluate the candidate's ability to teach. If formal evaluations are conducted on a yearly basis, the trends in performance over the last 5 years should be documented.

c. Teaching awards

Awards given within the College as well as awards presented by regional or national professional groups should be documented here.

VI. Appendix of supporting documentation

This section should include reprints, submitted manuscripts, or other materials for review.

Checklist - the Request packet must include all of the following elements.

- ☐ Summary of personal history
- ☐ USAMCI Director's or designee's letter summarizing the rationale for promotion or tenure
- ☐ Summary report from the intra-Institute review process
- ☐ Minimum of three letters of recommendation from individuals outside the institution
- ☐ Minimum of three letters from individuals inside the institution
- ☐ USACOM Chair's and USAMCI Director's recommendation letters and listing of teaching activities supporting promotion in secondary appointment, if pertinent
- ☐ Documentation of scholarship and excellence in research and/or clinical practice
- ☐ Documentation of contributions through service
- ☐ Appendix of supporting materials

**University of South Alabama Mitchell Cancer Institute
Faculty Action Request Form**

NAME: _____ **Degree:** _____
Last First Middle M.D., D.O., Ph.D. or other (specify)

PRIMARY APPOINTMENT: USA MITCHELL CANCER INSTITUTE

PRESENT STATUS

ACADEMIC TRACK: <input type="checkbox"/> None (New Appointment) <input type="checkbox"/> Oncologic Sciences <input type="checkbox"/> Interdisciplinary Clinical Oncology	TENURE STATUS: <input type="checkbox"/> Tenure-accruing <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenure	FACULTY RANK: <input type="checkbox"/> Lecturer <input type="checkbox"/> Instructor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor
--	--	--

ACTION REQUEST (Check all applicable)

EFFECTIVE DATE:

<input type="checkbox"/> New Academic Appointment ¹⁻⁷ <input type="checkbox"/> Request for Promotion and/or Tenure ⁸	<input type="checkbox"/> Change in Academic Track ^{1,9} <input type="checkbox"/> Tenure-accruing to Non-tenure status ^{1,9} <input type="checkbox"/> Non-tenure status to Tenure-accruing ^{1,9}
---	--

Required Attachments:

- ¹ MCI Director's letter requesting appointment
- ² Current CV
- ³ USA Biographical Data Form
- ⁴ Letters of reference (three)
- ⁵ I-9 Form
- ⁶ Transcripts of undergraduate/graduate work
- ⁷ Credentialing materials (licensure, Hospital Privilege Form, etc. for physicians only)

- ⁸ Request packet for promotion and/or tenure
- ⁹ Letter from Faculty member

New Academic/Appointments:

1 complete set of original materials
13 sets of items 1 and 2 only

REQUESTED ACADEMIC APPOINTMENT AND RANK

Oncologic Sciences	<input type="checkbox"/> With tenure <input type="checkbox"/> Tenure accruing <input type="checkbox"/> Non-tenure	<input type="checkbox"/> Lecturer <input type="checkbox"/> Instructor <input type="checkbox"/> Assistant Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Professor
Interdisciplinary Clinical Oncology	<input type="checkbox"/> Non-tenure	
CHECK ONE		CHECK ONE

ACADEMIC ROLE: Describe academic role and focus for scholarly work - for New Appointments only

--

TERMINATION ACTION REQUEST

EFFECTIVE DATE:

- ☐ Departure - end of terminal year¹⁰
- ☐ Resignation⁹⁻¹⁰
- ☐ Retirement⁹⁻¹⁰

- Required Attachments:**
- ⁹ Letter from Faculty Member
 - ¹⁰ Departure Checklist

REQUIRED SIGNATURES

Faculty Member

Date

MCI Director

Date