	be completed by the Candidate and the	notions won-Tenure Track (NTT) 2025 - 2026, effective January 1, ne Department Chair/Director
Are you	being considered for:	
Promotion to Associate Professor (NTT); Promotion to Professor (NTT)  To be included in the upcoming promotion cycle, all candidates for senior level promotion in the School of Medicine must submit this form by <a href="mailto:January 6">January 6</a> , <a href="mailto:2025">2025</a> to facaffrs@case.edu with the following subject line: Candidate Name_Department_Campus (i.e. UH, SOM, CCLCM, VA, MHMC)_NTT_Jan 2026		
You will receive instructions following the submission of this form. The department must submit the complete		
promot	<mark>ion packet</mark> via Interfolio before <u>Februa</u>	ry <u>28, 2025</u>
1.	Promotion Candidate:	Credentials:
	Preferred Pronoun:	
		Credentials:
		Chair phone number:
6.	Department Administrator:	Title:
		Administrator phone number:
		Credentials:
<ol> <li>Is the candidate interested in promotion in their secondary department? (If yes, promotion materials must include a nomination letter from the department chair of the secondary department) Yes No N/A</li> <li>Candidate's Current Academic Rank: Assistant Professor Associate Professor</li> <li>Is the department/hospital supportive of the candidate for promotion? Yes No</li> <li>If Research-focused Non-Tenure Track: Do you identify as a team scientist? Yes No N/A</li> <li>What is your Primary Area of Excellence? (pick one only) Teaching Service Research</li> <li>What additional area have you made acceptable contributions in? (pick one only)</li> </ol>		
	ead each statement and sign below acl ments of the SOM at CWRU.	knowledging your understanding and agreement of the promotion process
	<ul> <li>✓ If there are significant accomplishing review cycle and name the file "Up</li> <li>✓ The submitted Teaching Evaluation</li> <li>✓ All external referees submitted me</li> <li>✓ All referees have been selected accomplishing</li> <li>✓ I will not communicate directly with</li> <li>✓ I understand that all updates regard and they are responsible for proving</li> </ul>	inted according to the School of Medicine template; ments to add, I will email updated CVs to Faculty Affairs throughout the odated CV_Candidate Name_Date"; as do not include any other faculty members' evaluations; set the definition of an "arm's length" reviewer; cording to instructions and I indicate which referees I selected; th any of my referees regarding the promotion process; and reding my promotion will be communicated to me by my Department Chair ding timely updates to me. Instructions and I indicate which referees I selected; and reding the promotion process and reding the promotion will be communicated to me by my Department Chair ding timely updates to me. Instructions and I indicate which referees I selected; and the promotion will be communicated to me by my Department Chair ding timely updates to me. Instructions and I indicate which referees I selected; and the promotion will be communicated to me by my Department Chair ding timely updates to me. Instructions and I indicate which referees I selected; and the promotion will be communicated to me by my Department Chair ding timely updates to me.
		Date:
Promotion Candidate Signature:		
Department Chair Name: Date:		
Departn	nent Chair Signature:	