

**Declaration of Candidacy for Senior Level Promotions Academic (Non-Tenure) Track 2026 - 2027, effective July 1, 2027** To be completed by the Candidate and the Department Chair/Director

Are you being considered for:

Promotion to Associate Professor;  Promotion to Professor

To be included in the upcoming promotion cycle, all candidates for senior level promotion in the School of Medicine must submit this form by **May 1, 2026** to [facaffrs@case.edu](mailto:facaffrs@case.edu) with the following subject line:

Candidate Name\_Department\_Campus (i.e. UH, SOM, CCLCM, VA, MHMC)\_Academic\_NTT\_Jan 2027

Please note that all promotion materials will be submitted through Interfolio for all SOM/UH/VA candidates.

You will receive instructions following the submission of this form. **The department must submit the complete promotion packet** via Interfolio before **June 2, 2026**

1. Promotion Candidate: \_\_\_\_\_ Credentials: \_\_\_\_\_
2. Preferred Pronoun: \_\_\_\_\_
3. Candidate Email: \_\_\_\_\_
4. Department: \_\_\_\_\_
5. Department Chair: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Chair email: \_\_\_\_\_ Chair phone number: \_\_\_\_\_
6. Department Administrator: \_\_\_\_\_ Title: \_\_\_\_\_  
Administrator email: \_\_\_\_\_ Administrator phone number: \_\_\_\_\_
7. Secondary Department (if applicable): \_\_\_\_\_
8. Secondary Department Chair: \_\_\_\_\_  
Secondary Department Chair email: \_\_\_\_\_ Credentials: \_\_\_\_\_
9. 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
10. Candidate's Current Academic Rank: Assistant Professor  Associate Professor
11. Is the department/hospital supportive of the candidate for promotion?  Yes  No
12. If Research-focused Non-Tenure Track: Do you identify as a team scientist?  Yes  No  N/A
13. What is your Primary Area of Excellence? (pick one only)  Education  Research  Clinical Care/Professional Service
14. What additional area have you made acceptable contributions in? (pick one only)  
 Education  Research  Clinical Care/Professional Service

Please read each statement and sign below acknowledging your understanding and agreement of the promotion process requirements of the SOM at CWRU.

- ✓ My CV is current, dated, and formatted according to the School of Medicine template;
- ✓ If there are significant accomplishments to add, I will email updated CVs to Faculty Affairs throughout the review cycle and name the file "Updated CV\_Candidate Name\_Date";
- ✓ The submitted Teaching Evaluations do not include any other faculty members' evaluations;
- ✓ All external referees submitted meet the definition of an "arm's length" reviewer;
- ✓ All referees have been selected according to instructions and I indicate which referees I selected;
- ✓ I will not communicate directly with any of my referees regarding the promotion process; and
- ✓ I understand that all updates regarding my promotion will be communicated to me by my Department Chair and they are responsible for providing timely updates to me.
- ✓ Final decisions regarding promotions will not be made until June 2027 and will be effective July 1, 2027.

Promotion Candidate Name: \_\_\_\_\_ Date: \_\_\_\_\_

Promotion Candidate Signature: \_\_\_\_\_

Department Chair Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature: \_\_\_\_\_