

Declaration of Candidacy for Senior Level Promotions Academic (Non-Tenure) Track 2027 - 2028, effective July 1, 2028 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 3, 2027** to facaffrs@case.edu with the following subject line: Candidate Name, Department Campus (i.e. UH, SOM, CCLCM, VA, MHMC), Academic NTT Promotion, July 2028.

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 on or before **June 3, 2027**.

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 2028 and will be effective July 1, 2028.

Promotion Candidate Name: _____ Date: _____

Promotion Candidate Signature: _____

Department Chair Name: _____ Date: _____

Department Chair Signature: _____