****

**2025 Application for Mid-Point Review**

*\*This is NOT an application for Tenure and/or promotion. This is a Mid-Point Review only. DO NOT use this application form to apply for Tenure and/or Promotion*

Use your computer to complete this form and utilize as much space as necessary, below each heading, to provide the requested information. If you have no information for a topic, write "None" or "N/A" under the heading. Whenever dates are requested, list them in chronological order, beginning with the first and ending with the most recent. Please use Times New Roman, 10 pt. font.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | Enter Last Name | **First Name:** | Enter First Name | | | **Degree:** | Enter Degree(s) |
| **Department:** | Click for drop down. | | | **Present Title:** | Click for drop down. | | |
| Date of initial appointment at current title at TTUHSC or TTUHSC El Paso: | | | | | Enter date. | | |
| Date of initial appointment at current title at another academic institution (if applicable): | | | | | | Enter date or N/A. | |

|  |  |
| --- | --- |
| I am applying for pre-promotion to: | Click for drop down. |
| Current tenure status: | Click for drop down. |
| Applying for pre-tenure? | Yes  No |

|  |
| --- |
| I elect to have my application reviewed under one of the following pathways: |
| Medical Educator Pathway  Clinical Educator Pathway |
| (By checking this box and through our signatures on this document, my Department Chair and I attest that I meet the eligibility criteria for the selected promotion pathway.) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Primary Area:** | Click for drop down. |  | |
| **Secondary Area:** | Click for drop down. |  | |
| **Tertiary Area:** | Click for drop down. | **Tertiary Area:** *(optional)* | Click for drop down. |
| *Select one or more Tertiary Areas, if applicable. Please select “N/A” if not applicable.* | | | |

**Notice:** In accordance with decisions issued by the State of Texas Office of the Attorney General regarding privacy of documents, TTUHSC El Paso acknowledges and maintains that all materials collected or generated as part of the Mid-Point Review application file constitute medical peer review documents.  As such, this confidential information is not available to others outside the Mid-Point Review process, including the faculty applicant. The prohibition against disclosing medical peer review information includes, but is not limited to, the dossier, letters of reference, communications regarding the Mid-Point Review process, peer evaluations, and recommendations by the department Mid-Point Review Committee and Committee Chair, and the Associate Dean for Faculty Affairs, respectively.

**General Information**

Whenever dates are requested, list them in chronological order, beginning with the oldest first and ending with the most current.

1. **Education**

List all earned and honorary college degrees that you have received (B.S., M.S., M.D., Ph.D., etc) and the dates, field of study, and name of institution with location for each. **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **Date** | **Field** | **Institution and Location** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Postdoctoral Education (Including Residencies and Fellowships)**

List the postdoctoral education that you have completed. Give the title of your position (e.g. Postdoctoral Fellow), the beginning and ending dates, the source of funding (e.g. American Heart Association, Texas Affiliate), field, name of mentor, and name of institution and location for each. Underline those positions for which the applications were peer-reviewed. **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title of Position** | **Dates** | **Source of Funding** | **Field** | **Mentor** | **Institution and Location** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Honors**

List the education and/or training honors you have received and the dates (e.g., Phi Beta Kappa, 1985; American Heart Association Established Investigator, 2001).

|  |
| --- |
| List the education and/or training honors you have received and the dates. If none, type N/A. |

1. **Specialty and Sub-Specialty Board Certifications**

List the specialty of certification and the name of each board or other professional organization by which you have been certified. Also, give the date for each (e.g. Pediatric Infectious Diseases, American Board of Pediatrics, 1990).

|  |
| --- |
| List specialties and board certifications or certifications by other professional organizations. Include dates. If none, type N/A. |

1. **Society Memberships**
   1. **Local (Elected/Non-elected)**

Please identify each membership listed as elected or non-elected and year of election. (e.g. Member, El Paso County Medical Society, non-elected, 1995)

|  |
| --- |
| List local society memberships, elected/non-elected, and year of election (if applicable). If none, type N/A. |

* 1. **Regional (Elected/Non-elected)**

(e.g. Treasurer, Texas Medical Association, elected, 1985)

|  |
| --- |
| List regional society memberships, elected/non-elected, and year of election (if applicable). If none, type N/A. |

* 1. **National/International (Elected/Non-elected)**

(e.g.; Member, American Medical Association, non-elected, 1980; Secretary, American Society of Microbiology, elected, 1982; Fellow, Infectious Diseases Society of America, elected 1994).

|  |
| --- |
| List national/international society memberships, elected/non-elected, and year of election (if applicable). If none, type N/A. |

1. **Positions Held**

List each position (teaching, administrative, and other) you have held subsequent to completion of your postdoctoral education. Give beginning and ending dates and the institutions and locations for each position. If you were a member of the graduate faculty at another institution, give the dates of appointment and the name of the institution and location. If you held an academic appointment, give the appropriate dates and the name and location of the institution. If you were tenured at another institution, give the appropriate dates, name, and location of the institution. Underline your academic appointments at Texas Tech University Health Sciences Center or Texas Tech Health Sciences Center El Paso. Please include all academic appointments you hold or you held at all institutions.

|  |
| --- |
| List all positions held after completion of your postdoctoral education, with beginning and end dates, institutions, and locations. |

**Teaching**

Please refer to Section C of the PLFSOM Guidelines for Faculty Appointment, Tenure and Promotion.

1. **Teaching Responsibilities**
   1. **Teaching responsibilities (includes teaching to students, residents, fellows, continuing medical education, and/or lay public)**

Provide the number of hours of direct instruction or supervision per year; separate by category of leaner (e.g., medical students, residents or fellows). Please use the suggested template to provide the total number of direct instruction hours per year. (e.g., medical students- 40 hours, residents- 100hours). **Please count only the hours of direct instruction. Do not include time spent on preparation or patient care in a clinical setting. To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |
| --- | --- |
| **Teaching** | **Hour/Year** |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL:** |  |

* 1. **Teaching of medical students, residents, and fellows**

Provide the topic and number of hours of instruction/supervision per year and the approximate number of students, residents, or fellows impacted. Please use the suggested template. Submit between three and six resident/student evaluation forms in Appendix A(1)-- (e.g., anatomy of the central nervous system; 10 hours; 40 Medical Students. Lecture in PowerPoint, plus handout). **Please count only the hours of direct instruction. Do not include time spent on preparation or patient care in a clinical setting. To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Activity Format** | **Hours/Year** | **Teaching Materials** | **Audience (Number)** | **Institution/Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL:** | |  |  |  |  |

* 1. **Continuing medical education**

Please list the accredited continuing medical education programs you led or presented. Topic and number of hours of instruction per year; Approximate number of professionals impacted; Please use the suggested template; Submit no more than three (3) evaluations of CME activities presented by you in Appendix A(2). **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Activity Format** | **Hour/Year** | **Teaching Materials** | **Audience (Number)** | **Institution/Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL:** | |  |  |  |  |

* 1. **Educational activities for the lay public**

Topic and number of hours of instruction per year; Approximate number of individuals impacted. Please use the suggested template. **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Topic** | **Activity Format** | **Hour/Year** | **Teaching Materials** | **Audience (Number)** | **Institution/Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL:** | |  |  |  |  |

* 1. **Education administration**

List courses, clerkships, graduate programs, residency programs and fellowship programs you have **directed** and include the dates.

|  |
| --- |
| List courses educational programs (clerkships, residencies, etc.) you have directed, with dates. If none, type N/A. |

* 1. **Educational committees**

List any **state, regional, or national** education committees on which you have served and the states (e.g., residency review committees, National Board of Medical Examiners), the dates of your membership, and any offices you have held (e.g., secretary).

|  |
| --- |
| List all state, regional, or national educational committees on which you have served, the states, dates of membership, and any offices you have held. If none, type N/A. |

1. **Accomplishments in the scholarship of teaching**

Local, regional, national/international: educational awards or innovation in education

* 1. **Innovations in education**

List new courses, residency programs, fellowship programs, workshops, laboratory exercises, and other educational components you have developed and the dates they were initiated. Please include developing curricula, organizing new teaching programs, substantially improving established courses, integrating teaching activities within or between departments, developing or facilitating improvements in teaching techniques and methods of evaluation, developing or substantially improving teaching resources such as syllabi, manuals, testing procedures, web cases, work case examples, and other electronic resources, including the preparation and evaluation of standardized patients and similar resources.

|  |
| --- |
| List educational components you have developed, and the dates they were initiated. If none, type N/A. |

* 1. **Education recognitions/awards**

List any teaching awards you have received, the conferring body, and the dates (e.g. Best Teaching Faculty Award, conferred by medical student class of 2010, Texas Tech University Health Sciences Center El Paso Paul L. Foster School of Medicine, 2010).

|  |
| --- |
| List teaching awards you have received, conferring bodies, and the dates. Proof of awards may be included in the appendices. If none, type N/A. |

1. **Mentoring of learners**

Mentoring is a system of semi-structured guidance whereby one person shares their knowledge, skills and experience to assist others to progress in their own lives and careers, e.g., regular career goal-setting exercises, individual-based feedback and discussion opportunities, or guidance in developing a specific skillset. Do not list the students and residents who only rotated in your laboratory or on your clinical service without any mentor-mentee relationship.

**Students, residents, fellows, faculty, and others**

* 1. **Undergraduate students, high school students, and others**

Please use the suggested template to list the name, beginning, and ending dates, and approximate number of hours/week of each undergraduate student, high school student, or other individual for whom you served as a research advisor, and the name of the program (e.g., Howard Hughes, SABR, and Clark’s Scholars). Give the person's current title/position and location (if known). **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Date** | **Hours/Week** | **Program** | **Results or Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** | |  |  |  |

* 1. **Graduate students**

|  |  |  |
| --- | --- | --- |
| **Are you a member of the faculty at the Graduate School of Biomedical Sciences?** | | **Yes  No** |
| If so, date of appointment: | Enter date of appointment, or N/A. | |

Please use the suggested template to list the name of each student for whom you served as an advisor or faculty mentor. Underline the names of students for whom you served as chairperson. Give the name of each student, the degree earned, the field of study, the name of the department and institution where the degree was earned, and the date the degree was earned. Asterisk (\*) those students who did not complete their dissertation under your supervision. Give each student's current title/position and location (if known). **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Earned Degree** | **Hours/Week** | **Student Field** | **Dept/Institution** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL:** | |  |  |  |  |

* 1. **Medical students**

Please use the suggested template to list the name and beginning and ending dates of each medical student for whom you served as a research advisor or faculty mentor, and the name of the program (e.g., Medical Student Summer Research Program). **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Dates** | **Hours/Week** | **Program** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** | |  |  |  |

* 1. **Postdoctoral fellows, research associates, residents, and fellows**

Please use the suggested template to list the name of, and beginning and ending dates of each person for whom you served as an advisor or faculty mentor. Give each person's current title/position and location (if known). **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Dates** | **Hours/Week** | **Program** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** | |  |  |  |

* 1. **Faculty**

Please use the suggested template to list the name of, and beginning and ending dates of each faculty member for whom you served as an advisor or mentor. Give each person's current title/position and location (if known). **To add additional rows, Right Click inside the table below > Click Insert > Click Insert Row Below or Insert Row Above.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Dates** | **Hours/Week** | **Program** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL:** | |  |  |  |

**Scholarship**

Please refer to Section D of the PLFSOM Guidelines for Faculty Appointment, Tenure, and Promotion.

**Do not include any works in “submitted” or “in preparation” status.**

1. **Accomplishments in the scholarship of discovery**

In 100 words or less, summarize your most important **discoveries** and **current scholarly activities or interests,** including research, contributions to medical education, and patient care. Please submit no more than **three** example publications of peer-reviewed scholarly works in Appendix B.

|  |
| --- |
| In 100 words or less, summarize your most important discoveries and current scholarly activities or interests. |

* 1. **Publications**

For sections one through six, please list according to category: grants, clinical trials, lab research, publications, books, book chapters, monograph, abstracts, presentations, exhibits, patents, consultant, manuscript reviewer, grant reviewer, etc. Give the complete citation of each published article or case report for which you are an author or co-author (in chronological order, ending with the most recent). **Place an asterisk (\*) before those that were peer-reviewed. Print your name in bold letters and underline the name of the person who submitted the article). Include the beginning and ending page numbers.**

* + 1. **Published articles and case reports**

Give the **complete** citation of each published article or case report for which you are an author or co-author (in chronological order, ending with the most recent). **Place an asterisk (\*) before those that were peer-reviewed.** Give all of the authors' names exactly as they appear in the article or case report, print your name in bold letters, and underline the name of the corresponding author (the person who submitted the article). Include the beginning and ending page numbers. Please include PIMD, if applicable. Please follow the format of the following example:

**Dou H**, Brandon NR, Koper KE, Xu Y. Fingerprint of Circulating Immunocytes as Biomarkers for the Prognosis of Brain Inflammation and Neuronal Injury after Cardiac Arrest. ACS Chem Neurosci. 2023;14:4115-27. PMID: 3796721

|  |
| --- |
| List the complete citations of published articles and case reports in chronological order. If none, type N/A. |

* + 1. **Articles and case reports in press**

Use the same format as above, but give the date the article was accepted for publication. **Place an asterisk (\*) before those that were peer-reviewed. Do not list the manuscripts in preparation or submitted without a final acceptance for publication. Attach a copy of an acceptance letter or email in Appendices.**

|  |
| --- |
| List complete citations of articles and case reports in press, with the date the article was accepted for publication. Acceptance letters or emails may be attached in appendices. If none, type N/A. |

* + 1. **Books, chapters in books, and monographs**

Give the complete citation of each book, chapter in a book, or monograph for which you are an author or co-author (chronological order, ending with the most recent). **Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the corresponding author.** Use the format of the following examples for books and chapters:

Bresnick, E, and A Schwartz. (1968). Functional Dynamics of the Cell, 482 pp., Academic Press, New York and London. Niemann, H. Molecular biology of clostridial neurotoxin. In: Alouf , JE and J Freer (eds). (1991). Sourcebook of Bacterial Protein Toxins, Academic Press, London, pp. 299-344.

|  |
| --- |
| List complete citations of books, chapters in books, or monographs in chronological order. If none, type N/A. |

* + 1. **Abstracts**

Give the complete citation of each abstract for which you are an author or co-author (in chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the presenter's name. **Place a pound sign (#) before any abstracts that were not published**. Use the same format as that for published articles and case reports. **Place an asterisk (\*) before those that were peer reviewed.**

|  |
| --- |
| List complete citations of abstracts in chronological order. If none, type N/A. |

* + 1. **Exhibits and productions**

Describe any exhibits and productions for which you have been responsible (in chronological order, ending with the most recent). Indicate which of these have won awards (e.g. the AMA Billings Silver Medal). **Place an asterisk (\*) before those that were peer-reviewed.**

|  |
| --- |
| Describe exhibits and productions for which you have been responsible, in chronological order. If none, type N/A. |

* 1. **Invited presentations**

List the **invited** research presentations you have given at international, national, or regional meetings, symposia, workshops or Gordon Conferences, and invited research lectures (in chronological order, ending with the most recent). **Underline those presented at other institutions.** Give the title of your presentation; the name of the meeting, symposium, workshop, Gordon Conference or institution; and the date. **Place an asterisk (\*) before those that were peer-reviewed.**

|  |
| --- |
| List invited research presentations you have given in chronological order. If none, type N/A. |

* 1. **Patents**

List the titles, authors and dates of issuance of the patents that have been **granted**. Do not include patents that have been submitted but not yet granted.

|  |
| --- |
| List titles, authors, and dates of issuance of patents that have been granted. If none, type N/A. |

* 1. **Extramural professional service**

In chronological order, ending with the most recent, under each of the following headings, give the beginning and ending dates for each appointment you have held as a regular or ad hoc member.

* + 1. **Manuscript reviewer for the following journals (dates not required)**

|  |
| --- |
| List journals for which you are a manuscript reviewer. If none, type N/A. |

* + 1. **Consultant to government agencies, private industries, or other organizations**

|  |
| --- |
| List government agencies, private industries, or other organizations for which you are a consultant and the dates. If none, type N/A. |

* + 1. **Officer or committee member of scientific or professional organizations**

|  |
| --- |
| List other scientific or professional organizations of which you are a member and the dates. If none, type N/A. |

* + 1. **Member of research grant study sections (e.g. NIH, AHA, Western Review Consortium)**

|  |
| --- |
| List research grant study sections of which you are a member and the dates. If none, type N/A. |

* + 1. **Member of editorial boards (e.g. circulation research)**

|  |
| --- |
| List editorial boards of which you are a member and the dates. If none, type N/A. |

* 1. **Grants to support scholarly work**

Under the categories listed below, list each grant or contract (on which you were a principal investigator or co-investigator (not consultant)) obtained to support your current scholarly activities or interests, including research and contributions to medical education, and/or patient care. Include the granting agency, grant number, beginning and ending dates, name of the principal investigator, title of the grant/contract, percentage of effort, and total direct costs for the duration of the grant. Place an asterisk (\*) before any grant or contract that was peer-reviewed. Please follow the format of the following example:

NIH R01 HL 34567; 07/01/98 – 06/30/03; John Doe (PI); Mechanisms of cardiac arrhythmias; 30% effort; $1,000,000.

* + 1. **Intramural awards (e.g. seed grants)**

|  |
| --- |
| List intramural awards. If none, type N/A. |

* + 1. **Extramural awards**
       1. **Local but not from TTUHSC or TTUHSC El Paso**

|  |
| --- |
| List local extramural awards. If none, type N/A. |

* + - 1. **State and/or regional**

|  |
| --- |
| List state/regional extramural awards. If none, type N/A. |

* + - 1. **National and/or international**

|  |
| --- |
| List national/international extramural awards. If none, type N/A. |

* + 1. **Grants reviewed but not funded**

Give the priority scores and percentile scores (if available).

|  |
| --- |
| List grants reviewed but not funded. If none, type N/A. |

* + 1. **Grants submitted and under review**

Give the dates of submission.

|  |
| --- |
| List grants submitted and under review. If none, type N/A. |

* 1. **Sponsored clinical trials and drug studies**

Supply the same information and use the same format as above for research grants.

|  |
| --- |
| List sponsored clinical trials and drug studies. If none, type N/A. |

1. **Accomplishments in the scholarship of application**

Please list any projects, contributions, funding awards, publications or established collaborative relationships with other disciplines, decision and policy-makers, or communities in order to apply theory to solve everyday problems. This part may include dynamic engagement and/or translation of new knowledge in practical interventions that either solve problems or improve the difficulties experienced by individuals and society. Creative intellectual work should not only be original and validated through peer review, but also communicated in appropriate ways to have impact or significance for publics beyond the discipline itself. Please follow the format of the following example: Enhancing the Practice of Evidence-Based Medicine at a County Hospital: Results of Two-Year Collaborative Project. Presented at the Annual Seminar of the Association of Program Director in Internal Medicine (APDIM), San Diego, 6-2002. Joe Hernandez; Barbara Winslow.

|  |
| --- |
| List any projects, contributions, funding awards, publications, or established collaborations to apply theory to solve everyday problems. If none, type N/A. |

1. **Accomplishments in the scholarship of integration**

Please list or describe any innovative approaches taken in integrating knowledge, making connections across disciplines, placing the specialties in larger context, illuminating data in a revealing way, or educating non-specialists through disciplined work, to bring new insight to bear on original research. Please follow the format of the following example:

“Web-Based Computerized Clinical Skills Assessment. John Bartlet, M.D., Department of Internal Medicine, 2004. This web-based learning tool consists of 12 modules and 150 pre-tests and post-tests questions. The questions, which covered key topics of core competencies, were thoroughly referenced, researched and tested. They were adopted and endorsed by several residency programs in the country.”

|  |
| --- |
| List or describe any innovative approaches taken in integrating knowledge, making connections across disciplines, etc. to bring new insight to bear on original research If none, type N/A. |

1. **Recognitions/awards for accomplishments in scholarship**

List recognitions and/or awards you have received, the conferring body, and the dates (e.g., Dean’ Award for Young Investigator, PLFSOM, Texas Tech University Health Sciences Center El Paso, 2018).

|  |
| --- |
| List recognitions and/or awards you have received, the conferring body, and the dates. If none, type N/A. |

**Clinical Service**

Please refer to Section E of the PLFSOM Guidelines for Faculty Appointment, Tenure, and Promotion.

1. **Clinical Service Responsibilities**

For each of the categories below, list the current site of practice, hours per week, and your service physician primary responsibilities. Please follow the format of the following example:

University Medical Center, 20 hours, delivering direct inpatient care and supervising students and residents.

* 1. **Clinical Services Including Consultations** 
     1. **In-Patient Clinical Activity**

|  |
| --- |
| List in-patient clinical activity, site of practice, hours per week, and primary responsibilities. If none, type N/A. |

* + 1. **Out-Patient Clinical Activity**

|  |
| --- |
| List out-patient clinical activity, site of practice, hours per week, and primary responsibilities. If none, type N/A. |

* + 1. **Telemedicine Activity**

|  |
| --- |
| List telemedicine activity, site of practice, hours per week, and primary responsibilities. If none, type N/A. |

* 1. **Your Hospital Appointments**

List hospital appointments and the dates.

|  |
| --- |
| List hospital appointments and the dates. If none, type N/A. |

1. **Clinical Service Productivities**

The business office will provide the PLFSOM’s CFAPTA with RVUs/year and billings/year. For each of the categories below, list the number of patients you have seen during the past year and briefly provide any other specific information that will help the committee evaluate your practice.

* 1. **In-Patient**

|  |
| --- |
| List the number of in-patients you have seen during the past year, and include any other specific information that will help the committee evaluate your practice. If none, type N/A. |

* 1. **Out-Patient**

|  |
| --- |
| List the number of out-patients you have seen during the past year, and include any other specific information that will help the committee evaluate your practice. If none, type N/A. |

* 1. **Telemedicine**

|  |
| --- |
| List the number of telemedicine patients you have seen during the past year, and include any other specific information that will help the committee evaluate your practice. If none, type N/A. |

1. **Clinical Service Contracts**

List any funds received to perform services for the city, county, or state (please indicate dollar amounts of contract and those actually received).

|  |
| --- |
| List any funds received to perform services for the city, county, or state along with dollar amount of contract and those actually received. If none, type N/A. |

1. **Other Accomplishments in Clinical Service**
   1. **Clinical Leadership**

List any positions of leadership you have held such as head of a clinical (e.g., surgical) team, director of a clinical service, head of a division, or chair of a clinical department, and give the dates. Please also include the other clinical service related leadership and administrative activities such as services to organizations for patients, their families and community groups, services related to the development, management, evaluation, and improvement of clinical services, services of committees related to clinical services, public health or community health service, external consulting or services such as an expert witness, service to professional clinical organizations as a clinical care expert or reviewer for clinical care/quality improvement/innovations, participation in the clinical affairs of the hospital or faculty group practice, leading or developing innovative new models of clinical care and developing new clinical techniques or devices.

|  |
| --- |
| List any positions of clinical leadership you have held. If none, type N/A. |

* 1. **Recognition or Awards**

Briefly describe any recognitions you have received at the local, state, regional or national level for excellence in clinical activity as evidenced by: awards; requests to write reviews; invitations to speak at meetings, workshops or symposia; letters from experts in your field; institutional peer, resident, or student evaluations; and patient surveys or letters. **Provide no more than three unsolicited letters or comments from patient satisfaction surveys in Appendix C.**

|  |
| --- |
| Briefly describe any recognitions you have received for excellence in clinical activity. If none, type N/A. |

* 1. **Innovation**

In 100 words or less, summarize your role in the development of new clinical techniques, services, therapies, or health care delivery systems that have improved the health of the population you have served. Include how you evaluated the effectiveness (quality, utilization, access, cost, etc.) of the care being provided.

|  |
| --- |
| In 100 words or less, summarize your role in the development of new clinical techniques, services, therapies, or healthcare delivery systems. Include how you evaluated the effectiveness of the care being provided. If none, type N/A. |

**Academically-related Public Service**

Please refer to Section F of the PLFSOM Guidelines for Faculty Appointment, Tenure, and Promotion.

1. **Administrative Positions Held**

For each of the following categories, list the organizations, task forces, committees or programs on which you have served; the beginning and ending dates of your service; and any offices you held and whether you were elected, appointed, or volunteered for that service (e.g., Admissions Committee, 1999-present, appointed).

* 1. **Departmental**

|  |
| --- |
| List departmental administrative positions held, beginning and end dates of service, and whether you were appointed, elected, or volunteered. If none, type N/A. |

* 1. **Hospital**

|  |
| --- |
| List hospital administrative positions held, beginning and end dates of service, and whether you were appointed, elected, or volunteered. If none, type N/A. |

* 1. **Institutional (TTUHSC El Paso and its component schools)**

|  |
| --- |
| List institutional administrative positions held, beginning and end dates of service, and whether you were appointed, elected, or volunteered. If none, type N/A. |

* 1. **State and Regional**

|  |
| --- |
| List state and regional administrative positions held, beginning and end dates of service, and whether you were appointed, elected, or volunteered. If none, type N/A. |

* 1. **National and International**

|  |
| --- |
| List national and international administrative positions held, beginning and end dates of service, and whether you were appointed, elected, or volunteered. If none, type N/A. |

1. **Other Academically-related Public Service Accomplishments**
   1. **Recognition**

List any service awards you have received and the dates.

|  |
| --- |
| List service awards you have received and the dates. If none, type N/A. |

* 1. **Innovation**

List organizations, task forces, committees, or programs you have initiated and the dates of establishment.

|  |
| --- |
| List organizations, task forces, committees, or programs you have initiated and the dates of establishment. If none, type N/A. |

* 1. **Elected, Appointed, or Voluntary Positions**

For each of the following categories, list the organizations, task forces, committees, or programs on which you have served; the beginning and ending dates of your service; any offices you held; and whether you were elected, appointed, or volunteered for that position (e.g., El Paso Chapter, American Heart Association, 2010-present, voluntary).

* + 1. **Local**

|  |
| --- |
| List local organizations, task forces, committees, or programs on which you have served, beginning and end dates of service, any offices held, and if you were elected, appointed, or volunteered. If none, type N/A. |

* + 1. **State and Regional**

|  |
| --- |
| List state and regional organizations, task forces, committees, or programs on which you have served, beginning and end dates of service, any offices held, and if you were elected, appointed, or volunteered. If none, type N/A. |

* + 1. **National and International**

|  |
| --- |
| List national and international organizations, task forces, committees, or programs on which you have served, beginning and end dates of service, any offices held, and if you were elected, appointed, or volunteered. If none, type N/A. |

**Appendices**

1. **Teaching Activities**
   1. **Student/resident teaching**

Provide between at least **three** but no more than **six** resident/student evaluation forms.

|  |
| --- |
| List attachments, then include PDFs in the appendices. |

* 1. **Continuing medical education**

Provide no more than **three** evaluations from CME activities you have presented.

|  |
| --- |
| List attachments, then include PDFs in the appendices. If none, type N/A. |

1. **Scholarly Works**

Provide no more than **three** internet links to your peer-reviewed scholarly work. If works are unavailable on-line, provide a scanned PDF at the end of the application.

|  |
| --- |
| List links to peer-reviewed scholarly works. If not available online, list citations and include PDFs in appendices. Scholarly works attached to the application PDF are included in the page count. |

1. **Clinical Service**

Provide no more than **three** unsolicited letters from colleagues or grateful patients that speak to your clinical practice or comments from patient satisfaction surveys.

|  |
| --- |
| List attachments, then include PDFs in the appendices. If none, type N/A. |

1. **Personal Statement**

Provide a personal statement no longer than **two** pages.

|  |
| --- |
| Click here to enter text. The text box will expand as you type. Please limit personal statement to 2 pages. |

**Certification**

|  |  |  |
| --- | --- | --- |
| I certify that I have read the Paul L. Foster School of Medicine [Guidelines for Faculty Appointment, Tenure and Promotion](https://ttuhscep.edu/som/facultyaffairs/_documents/PLFSOM-Guidelines-for-Faculty-Appointment-Tenure-and-Promotion.pdf). | **Initials:** |  |
|  | |  |
| I understand that the deliberations of the Mid-Point Review Committee are confidential. I understand that I should not solicit any information about those deliberations from any member of the committee or anyone involved in the deliberations. | **Initials:** |  |

I certify that, to the best of my knowledge, the information contained herein is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date