## FACULTY OF MEDICINE COAP CHECKLIST [PINK]

For: <u>Annual</u> appointments and promotions to the titles of <u>Professor</u>, <u>Professor</u> at CUMC, Clinical <u>Professor</u> (PT), Professor of Clinical (PT), Adjunct Professor, Associate Professor at CUMC, Associate Clinical Professor (PT), Associate Professor of Clinical (PT), Adjunct Associate Professor, Senior Research Scientist/Scholar and Research Scientist/Scholar

NAME_			
New Appointment: Yes No Proposed Effective Date:			
Promotion/title change: Yes No Proposed Effective Date:			
From: (title) if applicable		FT	PT
Tenure Status: 340 Appt. Type: JointInterdisciplinary			
To: (title)		FT	PT
<u>Track:</u> Investigator Focus Applied Healthcare or Public Health Sciences Focus Ed	lucational Sc	cholarship/Leaders	ship Focus
Tenure Status: 340 Appt. Type: JointInterdisciplinary			
Please submit the original of the documents listed below:  Affairs	Dept. A	Dept. B	Faculty
<ol> <li>Chairman's letter of nomination including:</li></ol>			
2. Signed Memorandum of Agreement (for joint or interdisciplinary appts only)			
3. CV and Bibliography in CUMC format			
4. List of Referees: Names, (Faculty) Titles, and addresses			
5. Copy of letter to referees			
6. Letters of Evaluation - total number enclosed: At least 5 must be <b>extra departmental (outside your dept.)</b> - number enclosed: At least 3 must be <b>extramural (outside CU)</b> - number enclosed:			
7. One copy of five papers judged by the candidate and the Department to be the most noteworthy contributions to the literature			
Submitted By: EXT:		_ DATE:	
School/Department:			
Faculty Affairs Raviow	)ATE:		

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