**University of Texas Rio Grande Valley School of Medicine**

**2025-2026 Application for Promotion**

**Part-time and/or Community Faculty**

**Preparation of the Application Packet:** It is important that faculty members make every effort to ensure material contained in application is complete, accurate, and professionally presented. 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 “NA” under the heading. Whenever dates are requested, list them in chronological order, beginning with the most recent and ending with the oldest. Please use Times New Roman 10 font.

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| **Name:** |  |

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| **Department:** |  |

**Division/Specialty**:

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**Present Title: (Check one of the following)**

Clinical Instructor Clinical Assistant Professor Clinical Associate Professor

**Changes in practice since your application with UTRGV School of Medicine:**

i.e. Location? Services provided?

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**Board Certification**

In the past 2 years, have you become board certified or recertified?

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**Publications or presentations**

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**Leadership service**

In the past 2 years, have you served or are you serving as an officer, committee or panel member, or delegate in a regional, state, or national professional society?

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**Recognition**

In the past 2 years, have you received awards, honors from a professional society or civic organization?

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**Engagment with students and residents within the last 2 years:**

Please check all that apply and indicate approximately how many students you supervised in each category.

Supervised 3rd year students during clerkship

Supervised 4th year students for elective or sub-internship

Supervised 1st or 2nd year students for summer preceptorship or shadowing

Served as career advisor

Participated in Career Day

Worked with other faculty members in developing curriculum

Other (please indicate)

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**Medical School Committee service:**

If you have served or are now serving on a faculty committee, please indicate here:

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In the future, are you interested in serving on a faculty committee? If yes, please indicate your interest:

Admissions

Curriculum

Optimal Learning Environment

Promotion, Tenure, Appointment (PTAC)

Policy

Accreditation Review and Continuous Quality Improvement (ARCQI)

Medical Student Evaluation and Promotion Committee (MSEPC)

**Have you participated in the MedEd Certificate Program?**

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**Briefly describe your academic interests in the next 2 years - teaching, research, advising, other**

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**What support would you like to receive from the School of Medicine to enhance your role as a faculty member?**

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**I am applying for promotion to: (Check one of the following)**

Clinical Assistant Professor Clinical Associate Professor Clinical Professor

**Additional Area(s) of Recognition of Excellence (required):**  Education Clinical

Research Administrative Service

# Certification

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| I understand that the deliberations of the Promotion, Tenure and Appointment Committee are confidential. I understand that I should not solicit any information about those deliberations from any member of that committee or anyone involved in the deliberations. I also understand that the results of committee deliberations serve as recommendations to the School of Medicine Dean and to the UTRGV President. | |
| Initials |  |

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

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Signature of Applicant Date

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

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(Please include your curriculum vitae and all required letters of recommendation for rank applied with this application form)