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

**2025-2026 Application for Tenure and/or Promotion**

**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:** |  | **Date:** |  |

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| **Department:** |  |

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

[ ] Instructor [ ] Assistant Professor [ ] Associate Professor [ ] Professor [ ] Clinical Instructor [ ] Clinical Assistant Professor [ ] Clinical Associate Professor

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

[ ] Assistant Professor [ ] Associate Professor [ ] Professor

[ ] Clinical Assistant Professor [ ] Clinical Associate Professor [ ] Clinical Professor

**My primary pathway of employment (as per my MOA) is:**

[ ] Research Pathway           [ ] Clinical Pathway           [ ] Education 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. Years at current rank comprise the **evaluation period)**)

**Present Tenure Status**: [ ] Tenure Track [ ] Non-Tenure Track [ ] Tenured

**Applying for tenure?** [ ] Yes [ ] No

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

[ ] Research [ ] Administrative Service

I have read the UTRGV Tenure and Promotion Policy [ ] Yes [ ] No

I have read the UTRGV School of Medicine Promotion and Tenure Guidelines [ ] Yes [ ] No

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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, with the final decision made by the Board of Regents. |
| Initials |  |

# General Information

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

## A. 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)

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| **Degree** | **Date** | **Field** | **Institution and Location** |
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## B. 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 if applicable (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.

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| **Title of Position** | **Dates** | **Field/Specialty**  | **Program Director/Mentor** | **Institution****and Location** | **Source of Funding****(If applicable** **i.e.. Research)**  |
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## C. Honors

List the education and/or training honors you have received and the dates (for example, Phi Beta Kappa, 2005; American Heart Association Established Investigator, 2011).

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## D. 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, 2010).

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## E. Society Memberships (during the current evaluation period)

1. Local (Elected/Non-Elected)

Please identify each membership listed as elected or non-elected and term of election. (e.g. Member, County Medical Society, non-elected, 2016 -present)

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2. Regional (Elected/Non-Elected)

(e.g., Treasurer, Texas Medical Association, elected, 2020)

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3. National/International (Elected/Non-Elected)

(e.g., Member, American Medical Association, non-elected, 2010; Secretary, American Society of Microbiology, elected, 2016; Fellow, Infectious Diseases Society of America, elected 2019).

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## F. Positions Held

List each position (teaching, administrative, and other) you have held after completion of your postdoctoral education and include your present position at UTRGV. Give beginning and ending dates and the institution and location 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 and name and location of the institution.

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## G. Service

Provide separate listings of all committee assignments, and professional service activities (university committee service, community presentations, leadership in professional organizations, meetings or symposia organized, etc.) not listed elsewhere in the application). Include service provided locally, regionally and nationally/internationally. Each activity should include the dates of participation, the organizational level of the activity (e.g., department, college, etc.) and any leadership roles played.

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# Research and Scholarship

Do not include “submitted” or “in preparation” works.

## A. Accomplishments in the Scholarship of Discovery

Summarize in 100 words or less your most important discoveries and your current scholarly activities or interests including research, contributions to medical education, and patient care. Please submit no more than three (3) example publications of peer-reviewed scholarly products that represent your most impactful work in Appendix A.

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##  1. Publications *Please note number of required publications for rank and tenure status*.

For Sections 1-6, 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 (chronological order, ending with the most recent). Place an asterisk (\*) before those that received peer review. Print your name in bold letters. Include the beginning and ending page numbers.

 a. 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 (chronological order, ending with the most recent). Place an asterisk (\*) before those that received peer review. Give all of the authors' names exactly as they appear in the article or case report and print your name in bold letters. Please use the format of the following example:

Morgan HK, Winkel AF, Standiford T, Muñoz R, Strand EA, Marzano DA, **Ogburn T**, Major CA, Cox S, Hammoud MM. [The Case for Capping Residency Interviews.](https://pubmed.ncbi.nlm.nih.gov/32943370/) J Surg Educ. 2021 May-Jun;78(3): 755-762. Epub 2020 Sep 14. PMID: 32943370

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b. 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 received peer review.

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c. 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, starting with the most recent). Give the authors' names exactly as they appear in the literature and print your name in bold. Use the format of the following examples for books and chapters:

Toy C, **Dentino AN**, Williams MM and LS Johnson, eds. (2014). *Case Files: Geriatrics.* McGraw Hill Publishers, New York, NY.

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 d. Abstracts

Give the complete citation of each abstract for which you are an author or co-author (chronological order, starting 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 those abstracts that were not published. Use the same format as that for published articles and case reports. Place an asterisk (\*) before those that received peer review.

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 e. Exhibits and productions

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

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##  2. Presentations

List the invited research presentations you have given at international or national meetings, symposia, workshops, and invited research lectures (chronological order, starting with the most recent). Underline those presented at other institutions. Give the title of your presentation, the name of the meeting, symposium, workshop, conference or institution, and the date. Place an asterisk (\*) before those that received peer review.

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##  3. Patents

List the titles, authors, and dates of award and/or application of those patents to which you have contributed.

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##  4. Extramural Academic Service

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

 a. Manuscript reviewer for the following journals (dates not required)

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 b. Consultant to government agencies, private industry, or other organizations

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 c. Officer or committee member of scientific or professional organizations

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 d. Member of research grant study sections (e.g., NIH)

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 e. Member of editorial boards (e.g., Circulation Research)

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## 5. 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, 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, percent effort, and total direct costs for the duration of the grant. Place an asterisk (\*) before any grant or contract that was peer-reviewed. Please use 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)

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b. Extramural awards

 i. Local but not from UTRGV

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 ii. State and/or regional

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 iii. National and/or international

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 c. Grants submitted but not funded

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

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 d. Grants submitted and pending review

Give the dates of submission.

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##  6. Sponsored Clinical Trials and Drug Studies

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

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**B. Recognitions/Awards for Accomplishments in Scholarship**

List recognition and/or awards you have received, the conferring body, and the dates (e.g., Dean’ Award, University of Texas Rio Grande Valley School of Medicine 2018).

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# Clinical Care and Scholarship

## A. Clinical Care Responsibilities

For each of the categories below, list the current site of practice, hours per week of attending and your service physician primary responsibilities. Please use the format of the following example: **UT Health Rio Grande Valley Clinic), 20 hours, delivering direct outpatient care and supervising students and residents.**

##  1. Clinical Care

 a. Inpatient clinical activity

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b. Outpatient clinical activity

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 c. Other (ex: long-term care, telemedicine, etc.) clinical activity

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##  2. Your Hospital Appointments

List your hospital appointments and the dates. Specify active, consulting, and courtesy appointments.

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## B. Clinical Care Productivity

For each of the categories below, list the number/types of patients you have seen during the past year and briefly provide any other specific information that will help the committee evaluate your practice such as expected work RVUs, actual RVUs (PowerBi), and complexity.

1. Inpatient

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2. Outpatient

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3. Other (ex: long-term care, telemedicine, etc.) clinical activity

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## C. Clinical Care Contracts

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

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## D. Other Accomplishments in Clinical Care

##  1. Clinical Leadership

List 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 include the dates.

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##  2. Recognition or Awards

Briefly describe recognition you have received at the local, state, regional, national, and international 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 (3) unsolicited letters or comments from patient satisfaction surveys in Appendix B.

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##  3. Innovation

Summarize in 100 words or less 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.

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# Educational Scholarship and Service

## A. Teaching Activity

1. UME-Teaching Responsibilities to undergrad students.

Provide the number of hours of direct instruction or supervision per year or month as appropriate; Separate by category of learner (i.e., Medical Student, Resident or Fellow). Please use the suggested template to provide the total number of direct instruction hours per year. (e.g., Medical Student; 40 hours, Resident, 100hours).

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

2. GME-Teaching responsibilities for residents and fellows.

Topic and number of hours of instruction/supervision per year; Approximate number of students, residents or fellows impacted; Please use the suggested template; Submit no less than three (3) but no more than six (6) resident/student evaluation forms in Appendix C(1). (e.g. Attack and Defense Module, 10 hours, 40 Medical Students. Lecture in Power Point, plus handout).

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| Topic | Activity Format | Hr/Year | Teaching Materials | Audience (Number) | Institution/Comments |
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| TOTAL |  |  |   |  |

3. Continuing Medical Education

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 C(2).

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

4. Educational activities for the public

Topic and number of hours of instruction per year; Approximate number of individuals impacted; Please use the suggested template.

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| **Topic** | **Activity Format** | **Hr/****Year** | **Teaching Materials** | **Audience (Number)** | **Location/Comments** |
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| **TOTAL** |  |  |   |  |

## 5. Education Administration

List courses, clerkships, graduate programs, residency programs and fellowship programs you have directed/have a leadership role in and include the dates.

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## 6. Education Committees

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

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## B. Accomplishments in the Scholarship of Education

Local, regional, national/international: education 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.

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## 2. Education Recognitions/Awards

List teaching awards you have received, the conferring body, and the dates (e.g. Best Teaching Faculty Award, conferred by Medical Students Class of 2020, University of Texas Rio Grande Valley School of Medicine, 2018).

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C. Mentoring of Learners

**Students, Residents, Fellows, Faculty, and others**

1. Undergraduate students, high school students and other individuals

Please use the suggested template to list the name, beginning and ending dates, and approximate number of hours/weeks 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. Pipeline Program). Give the person's current title/position and location (if known).

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| --- | --- | --- | --- | --- |
| **Name** | **Dates** | **Hr/Week** | **Program** | **Results or Comments** |
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|  |  |  |  |  |
| **TOTAL** |  |  |

2. Graduate students

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 the student, 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 writing their dissertation under your supervision. Give each student's current title/position and location (if known).

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| **Name** | **Date of Earned Degree** | **Hr/Week** | **Student****Field** | **Dept/****Institution** | **Comments** |
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| **TOTAL** |  |  |

3. 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).

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| **Name** | **Dates** | **Hr/Week** | **Program** | **Comments** |
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| **TOTAL** |  |  |

4. Postdoctoral fellows, research associates, residents, and fellows

Please use the suggested template to list the name 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).

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| **Name** | **Dates** | **Hr/Week** | **Program** | **Comments** |
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| **TOTAL** |  |  |

5. Faculty

Please use the suggested template to list the name 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).

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| **Name** | **Dates** | **Hr/Week** | **Program** | **Comments** |
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| **TOTAL** |  |  |

## D. Enhancement of Faculty Teaching Skills

List teaching academy programs, continuing education programs and workshops you have attended and include the dates.

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# Appendices: supporting documentation

## A. Research

Provide no more than three (3) Internet links to your peer-reviewed scholarly work. If works are unavailable on-line, provide a scanned portable data file (pdf).

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## B. Clinical Care

Provide no more than three (3) unsolicited letters from colleagues or grateful patients that speak to your clinical practice or comments from patient satisfaction surveys.

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## C. Education

1. Student/Resident Teaching

Submit no less than three (3) but no more than six (6) resident/student evaluation forms.

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2. Continuing Medical Education

Submit no more than three (3) evaluations of CME activities you have presented.

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## D. Personal Statement

Describe how your efforts align with SOM mission. and values. Please limit your statement to 2 pages.

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## D. Personal Statement (continued)

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# Certification

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 and Tenure, if applicable, with this application form)