

A P T Checklist

Name: _____ Department: _____

If clinical department, candidate is: _____ Physician/dentist
_____ Non-physician/non-dentist
_____ Basic scientist

Twelve copies provided: Yes No

Four letters of recommendation (originals) Yes No

Two letters from outside of Meharry Yes No

Recommendation from departmental AP&T committee: Yes No

Committee supports application Yes No

APT Chairperson recommends request Yes No

Letter from Chairperson: Yes No

Chairperson supports application Yes No

Department Chairperson recommends request Yes No

Type of appointment:

Series I: Rank _____

Series II: Rank _____

Series III: Rank _____

English competency verified Yes No

Degrees and credentials verified: Yes No

Diploma (include copy for highest degree received)

Official Transcript (Original must be requested and mailed in sealed envelope to the Department of Faculty Affairs and Development)

Only one person being recommended in letter Yes No

Current curriculum vitae of candidate attached Yes No

If clinical appointee:

State(s) in which candidate is licensed _____

Evidence of specialty board certification, board eligibility, appropriate licensure or certification: (copy of TN License, DEA) Yes No

Boarded Yes No

Proof of hours of continuing education Yes No

If promotion application, evidence of annual and comprehensive reviews is included Yes No

(Over)

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If international candidate, evidence of VISA or citizenship Yes No

Areas of Performance:

Assistant Professor candidate must demonstrate *potential* for outstanding performance in scholarship and one additional area, and competence in a 3rd area.

Associate Professor candidate must show *evidence* of outstanding performance in scholarship and one additional area, and competence in a 3rd area.

Full Professor candidate must show *evidence* of outstanding performance in scholarship and two additional areas.

Circle chosen areas.

Outstanding:	Scholarship	Teaching	Clinical	Prof/Comm Service
Competence:	Scholarship	Teaching	Clinical	Prof/Comm Service

Original reprints or PDF of Articles and Publications included Yes No

Refer to the Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty, Section 3.0

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SPECIAL FACULTY

Name: _____ Department: _____

If clinical department, candidate is: _____ Physician/dentist
_____ Non-physician/non-dentist
_____ Basic scientist

Twelve copies provided: Yes No

Two letters of recommendation (originals) Yes No

Letter from Chairperson at primary institution Yes No

Letter from Chairperson at secondary institution Yes No

Chairperson's written attestation to credentialing of candidate Yes No

Chairpersons support application? Yes No

Type of appointment:

_____Assistant

_____Visiting lecturers and professors (all ranks)

_____Adjunct clinical faculty (all ranks)

_____Adjunct faculty (all ranks)

_____Research associates and fellows

_____Field faculty

Current curriculum vitae of candidate attached Yes No

Copy of current TN license / DEA attached Yes No

Refer to the Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty, Section 4.4 – Special Faculty