

University of Kentucky College of Medicine

**2- and 4-year Review Form**

Directions: *The 2-and 4-year review is used to determine progress toward promotion and/or tenure and to further denote what additional achievements are expected for promotion and/or tenure based on the departmental statements of evidences. Please note that these reviews should be completed by 24- and 48-months following date of hire (unless the probationary period was extended (due to childbirth or COVID, for example). These reviews are mandatory for pre-tenured faculty in Regular and Special title series, and highly encouraged for all others.*

*Faculty candidates should be advised to prepare the following materials in advance of the 2 and 4-year reviews:*

* *Updated CV in UKCOM preferred format*
* *Prepare a reflective statement in areas of major DOE contribution (for example, in areas with 10% or more effort)*

Process*: Departments can institute their own process for the conduct of these reviews. However, we recommend that it include the faculty sharing an up to date CV (College of Medicine formatting highly recommended) and a short personal statement summarizing their accomplishments and ongoing efforts with respect to the Department’s statements of evidence for promotion for any activity at or above 10% on their DOE. We also recommend that the review is conducted by more than just the chief or chair; a departmental promotions committee or a small group of senior faculty would be appropriate reviewers. Another process some units use is to have the faculty do a formal presentation in a division or department seminar.*

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**Name of Faculty**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Hire**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include month and year)

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title Series**: Regular Title Special Title  Clinical Title Research Title

**Current Rank:** Assistant Professor  Associate Professor

**Date of Two-Year Review**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Four-Year Review**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Effective Date of Proposed Promotion and/or Tenure**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yrs. of Experience at UKCOM**: \_\_\_\_\_\_ **Yrs. Of Experience at Other Institution**: \_\_\_\_\_\_

**Provide DOE Percentages (%) of Review Period**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Years | Instruction/Teaching | Research/Scholarly Activities | Clinical Professional Service | Administration | Professional Development |
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**INSTRUCTION:**

***Address the faculty member’s teaching, productivity (numbers and content of didactics, etc.) growth of teaching, advising and mentoring, and other teaching related activities in accordance with departmental statements of evidences. Identify areas of strengths and gaps that should be addressed to facilitate success in promotion.***

**Research**:

***Summarize the faculty member’s research and scholarly output and include publishing record and funding history in accordance with departmental statements of evidences***. ***Identify areas of strengths and gaps that should be addressed to facilitate success in promotion.***

**SERVICE**: **(this includes clinical service if applicable, and service to department/ institution/ profession)**:

***Address faculty member’s record of service locally, regionally and nationally/internationally.*** ***Identify areas of strengths and gaps that should be addressed to facilitate success in promotion.***

**SUMMARY STATEMENT**

**Please provide a summary statement of faculty members’ progress and final recommendation. List any concerns regarding faculty member’s progress/productivity raised by review committee. Address the faculty member’s progress in developing their regional (for associate professor promotion) or national (for full professor promotion) reputation.**

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**(Faculty Candidate Signature)**

**(Department Chair’s Signature)**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Names/Signatures of review committee members**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Names/Signatures of review committee members**

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Names/Signatures of review committee members**

**Please submit this completed form in WDMS via the link provided and provide the faculty member with a copy of the completed form.**