**UIC COLLEGE OF MEDICINE**

**EXPEDITED Q CONTRACT**

**ACADEMIC YEAR: \_\_\_\_\_\_**

**\*CANDIDATE’S PERSONNEL/APPOINTMENT INFO. MUST BE ENTERED**

**AS LISTED IN BANNER/HR FRONT END\***

**Candidate:** Last Name, First Name & Middle (if applicable)

**Site:** Select Regional Site **Department:**

**Proposed Start Date:** **%FTE:**

**Joint or Courtesy Appt:** Unit Name **%FTE:** %FTE**%**

**Last Appointment Held (at previous institution):**

**Name of Institution:**

**Rank:** Select Rank

**Tenure Status:** Select Code

***Month/Year Appointed/Promoted to Present Rank:***

**Proposed Personnel Action:**

 **Rank:** Select Rank **Tenure Code: Q**

**[ ]  To the best of my knowledge, the information provided in this dossier is true and accurate.**

**Faculty Candidate:** Last, First Name & Middle (if applicable)

 **Name (Print) Signature Date**

**Paper Preparer:** Last, First Name

 **Name (Print) Signature Date**

**Paper Preparer is also the Unit Executive Officer/Equivalent:** **[ ] YES** **[ ] NO**

**ENDORSEMENT** **NON-ENDORSEMENT** **(COMPLETE FOR APPLICABLE REVIEW LEVELS)**

            Type Name

 **Unit Executive Officer (U.E.O.)/Equivalent Name/Signature Date**

            Type Name

 **Joint U.E.O./Equivalent Name /Signature (if applicable) Date**

            Type Name

 **Regional Dean Name and Signature (if applicable) Date**

            Type Name

 **College Dean or Unit Director Name and Signature Date**

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# INFORMATION SUMMARY FORM

 ***EXPEDITED Q CONTRACT***

Name: Department (s):

Proposed Rank: Proposed Track: Academic (RT) Academic (CT)

**Terminal Degree (include school, year, name of degree):**

**Post Doctoral Training (specialty, location, dates)**:

**Board Certification [name(s) of Board(s) and date(s)]:**

**Professional Positions Held** **Since Terminal Degree** (chronological order with dates):

**Anticipated Teaching Responsibilities**

*Describe.*

**Anticipated Service Responsibilities**

*Describe. Include patient care where appropriate.*

**Research Focus**

*Describe.*

# SUMMARY OF COMMITTEE REVIEWS

**Candidate:** Last Name, First Name & Middle (if applicable)

**College:** Medicine **Regional Site:** Select Regional Site

**Unit P&T Committee Review:**

\* Give a figure (“0”, if appropriate) in each of the six categories\*

**Total # of Members YES NO ABSTAIN ABSENT NOT ELIGIBLE\*\***

**Name of Chair:** **Signature: Date:**

**Regional Site or Joint College P&T/Executive Committee Review (if applicable):**

\* Give a figure (“0”, if appropriate) in each of the six categories\*

**Total # of Members YES NO ABSTAIN ABSENT NOT ELIGIBLE\*\***

**Name of Chair:** **Signature: Date:**

**College P&T Committee Review:**

\* Give a figure (“0”, if appropriate) in each of the six categories\*

**Total # of Members YES NO ABSTAIN ABSENT NOT ELIGIBLE\*\***

**Name of Chair:** **Signature: Date:**

**College Executive Committee P&T Review (if applicable):**

\* Give a figure (“0”, if appropriate) in each of the six categories\*

**Total # of Members YES NO ABSTAIN ABSENT NOT ELIGIBLE\*\***

**Name of Chair:** **Signature: Date:**

# III. RESEARCH/SCHOLARSHIP

## A. PUBLICATIONS, PAPERS, AND OTHER SCIENTIFIC, CREATIVE OR SCHOLARLY WORKS

**Include data for the past five years**. List items in chronological order.

Underline senior author in all categories. The senior author is defined as the major contributor to the publication.

#### a. Books and monographs

[ ]  Check here if none

#### b. Edited volumes and translations

[ ]  Check here if none

#### c. Articles in refereed journals

(Do not abbreviate titles; give inclusive page numbers. If there is certain significance in the order of authors in multi-author publications in the discipline, please provide a brief summary of the practice).

[ ]  Check here if none

#### d. Other articles, including bulletins, case reports and technical reports

(Give inclusive page numbers.)

[ ]  Check here if none

#### e. Chapters in books

(Give inclusive page numbers.)

[ ]  Check here if none

#### f. Book reviews

(Give inclusive page numbers.)

[ ]  Check here if none

#### g. Creative works

(e.g., poetry, composition, exhibitions)

[ ]  Check here if none

#### h. Patents

[ ]  Check here if none

## B. SPONSORED RESEARCH ACTIVITIES

In chronological order, list sponsored research activities for the past five years. List all grant applications, even if unfunded.

| **#** | **Date of****Submission** | **Role of Candidate\*** | **Agency** | **Title of Proposal** | **Amount\*\*****Requested** | **Amount\*\*****Funded** | **Funding Period** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |
| **4** |       |       |       |       |       |       |       |
| **5** |       |       |       |       |       |       |       |
| **6** |       |       |       |       |       |       |       |
| **7** |       |       |       |       |       |       |       |
| **8** |       |       |       |       |       |       |       |
| **9** |       |       |       |       |       |       |       |
| **10** |       |       |       |       |       |       |       |
| **11** |       |       |       |       |       |       |       |
| **12** |       |       |       |       |       |       |       |
| **13** |       |       |       |       |       |       |       |
| **14** |       |       |       |       |       |       |       |
| **15** |       |       |       |       |       |       |       |
| **16** |       |       |       |       |       |       |       |
| **17** |       |       |       |       |       |       |       |
| **18** |       |       |       |       |       |       |       |
| **19** |       |       |       |       |       |       |       |
| **20** |       |       |       |       |       |       |       |
|  |  |  |  |  |  |  |  |

\*Include name of PI if other than candidate.

\*\*In multi-investigator projects, list both total amount and amount attributable to candidate, e.g., $123,000/$357,750. **Indicate whether amount is total cost (TC), i.e. direct + indirect, or total direct cost (TDC).**

# IV. CANDIDATE’S PERSONAL STATEMENT ON TEACHING, RESEARCH AND SERVICE

The candidate should explain their activities and philosophical perspectives for teaching, research and service, assess their progress toward those goals, and describe their plans for future activities. (**three-page limit**)

# V. EVALUATIONS

## A. EVALUATION OF TEACHING AND RELATED ACTIVITIES

If available, information should be provided for courses taught over the past five years.

Summarize below the results of student evaluations of the candidate’s overall teaching effectiveness for each teaching activity. If narrative comments from student evaluations are included, all comments from all students in that course should be included.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Semester/****Term** | **Course****Number** | **Course Title** | **\*Average Rating****+ SD** | **(n/N)** |
| **1** |       |       |       |       |       |
| **2** |       |       |       |       |       |
| **3** |       |       |       |       |       |
| **4** |       |       |       |       |       |
| **5** |       |       |       |       |       |
| **6** |       |       |       |       |       |
| **7** |       |       |       |       |       |
| **8** |       |       |       |       |       |
| **9** |       |       |       |       |       |
| **10** |       |       |       |       |       |

\*Average of students' ratings of the "Overall Teaching Effectiveness" (or equivalent) of the candidate, on a scale of 5 (Excellent) to 1 (Poor). SD = standard deviation; n = number of students who rated the candidate in that course; N = total number of students in that course.

## B. Letters from Former Trainees/Students and Peers

Evaluation of the candidate’s overall teaching effectiveness may be solicited from former students/trainees and from peers. These evaluations should be solicited by the department head/chair or designee, not the candidate (although the candidate may suggest reviewers).

Evaluators should be asked to describe their exposure to the candidate’s teaching, to assess the candidate’s overall teaching effectiveness on a scale of 5 (Excellent) to 1 (Poor), and to justify that assessment.

List names of students contacted below.

\*\*Insert letters on following page(s).

## C. External Letters of Reference

Provide **no fewer than three but no more than five** letters of reference from individuals at or above the proposed rank who are able to objectively evaluate the candidate's research, teaching and clinical skills or other service as applicable, as well as their professional stature in the discipline. Letters should be requested by the department head or a senior faculty member in the department using the standard external referee solicitation letter.

1. List of Referees Contacted

2. List of all materials sent to each reviewer.

3. Insert sample of letter requesting referee's comments

4. Referee’s Information and Letter

Provide the information requested for each Referee. Delete any unneeded pages.

#### **a. Referee 1**

Name of Referee:

Brief Biographical Sketch of Referee:

How was this referee selected?

Specify referee's relationship to the Candidate:

(In fields that are small where acquaintance is not unusual, a statement to this effect must be provided by the department.)

\*\*Insert letter from referee.

#### **b. Referee 2**

Name of Referee:

Brief Biographical Sketch of Referee:

How was this referee selected?

Specify referee's relationship to the Candidate:

\*\*Insert letter from referee.

#### **c. Referee 3**

Name of Referee:

Brief Biographical Sketch of Referee:

How was this referee selected?

Specify referee's relationship to the Candidate:

\*\*Insert letter from referees.

#### **d. Referee 4**

Name of Referee:

Brief Biographical Sketch of Referee:

How was this referee selected?

Specify referee's relationship to the Candidate:

\*\*Insert letter from referee.

#### **e. Referee 5**

Name of Referee:

Brief Biographical Sketch of Referee:

How was this referee selected?

Specify referee's relationship to the Candidate:

\*\*Insert letter from referee.

## D. Letters of Support

Unit executive officers may solicit letters from individuals who have had a substantial collaboration with the candidate and/or are able to speak with personal knowledge to the candidate's research, teaching and clinical skills or other service.

List name, title and institution of individuals contacted below.

\*\*Insert letters on following page.

## E. Evaluation from Departmental P&T Committee

## F. Evaluation from Unit Executive Officer

Candidate:       Date:

Department:

**JUSTIFICATION FOR RECOMMENDATION**

(should include appraisal of candidate’s teaching record, research and scholarship, service record,

and provide an overall assessment and justification for recommendation)

Unit Executive Officer Unit Executive Officer (signature)

## G. Evaluation from Regional Dean (if applicable)

Candidate:       Date:

Department:

[ ]  I support the proposed personnel action for the reasons detailed below.

[ ]  I do not support the proposed personnel action for the reasons detailed below

**JUSTIFICATION FOR RECOMMENDATION**

Regional Dean's Name

Regional Dean Regional Dean (signature)

# VI. CV AND SAMPLE PUBLICATIONS

Candidate’s current CV and 3 sample publications will be inserted following this page.

**Note:** CV should include information on teaching, service and research activities, including details on sponsored research.