

**Primary Reappointment  
Chair Attestation Document for Reappointment of  
Associate Professor and Professor\***

Name:

Reappointment Term:

*Please Check All Boxes:*

A formal assessment including feedback of the faculty member's annual review (completed either electronically in MyPath or by paper submission) and current CV was performed.

A discussion regarding the faculty member's current rank, academic interests and future goals was performed.

Future potential promotion opportunities, criteria, timeline and components (teaching, clinical care, research, scholarship, leadership and institutional scholarship and service) as highlighted by the faculty member's area of interest were discussed.

The teaching evaluations of the faculty member and/or contributions to the educational program were discussed.

In recommending this faculty member for reappointment, one of the following statements is true: a) this faculty member has consistently demonstrated behaviors in keeping with our Professionalism values, standards and expectations; or b) any significant professionalism concerns have been remediated to a degree sufficient to make this recommendation.

*If Applicable:*

If Research Associate Professor or Research Professor: Funding source(s) for salary for the entire appointment period:

Faculty Signature

Chair Signature

Print Faculty Name

Print Name

Department:

Date: