**Weill Cornell Medical College**

**Cornell University**

**DOCUMENTS AND GUIDANCE**

**FOR**

**ACADEMIC APpointment and Promotion**

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# Introduction to the Weill Cornell Medical College *Curriculum* *Vitae* Form

Your Weill Cornell Medical College Curriculum Vitae (CV) Form is a crucial document in presenting your credentials to Medical College offices and appointment and promotion committees. The CV, together with supplemental documents described below, provide the opportunity for you to highlight your accomplishments in teaching, clinical care, administration, and research. The CV also is a “form” that holds some of your historical and demographic data, information that the Medical College needs to record and process your faculty or non-faculty academic appointment.

Faculty and non-faculty academic staff members need to complete the CV when they are initially recommended for an academic appointment. A current and updated CV may be requested for other appointment actions, including promotions or changes in title. You must sign your CV to verify the contents.

Faculty candidates and members will want also to submit supplemental documents, which are a good way to present extensive activities and accomplishments in teaching, clinical care, research and administration. Keep in mind that there are areas on the CV form that can also be used to present activities and accomplishments when the supplemental templates are not used.

In addition to the CV form (required) the following supplemental documents are used: report on teaching activities; report on clinical activities; a personal statement, or statement of key contributions, summarizing major accomplishments and goals. There are several blank document templates in this toolkit for you to use: a CV template, a template for a report on teaching activities (please note that there are two templates for teaching or education activities—choose the appropriate template for your designated Pathway), and a template for a report on clinical activities. There is also guidance on the key contributions statement and guidance on completing the CV. The blank templates are editable (Word files) and you can complete these documents, save them, and print them if needed. Refer to the guidance pages as you complete the CV and supplemental forms. Please retain the format of the CV form throughout; please do not delete a section if it does not apply to you. If you have no information to enter, enter “Not Applicable” or “N/A”. Also, please do not delete the numbering or lettering of the various sections or titles (e.g. Name, City, etc.). If you choose not to use the supplemental templates, there is no need to include blank versions in your materials submission. Please submit only the pages that contain your information. There is no need to include any of the pages with guidance, instructions, or examples.

The Office of Faculty Affairs is available to help you with your CV and with any other questions or concerns you may have about your Weill Cornell Medical College academic appointment. Feel free to email us (facultyaffairs@qatar-med.cornell.edu). We would appreciate your comments or suggestions for improving this guide. Thank you.

## Weill Cornell Medical College *Curriculum* *Vitae* FORM

(**REQUIRED FORMAT)**

|  |  |
| --- | --- |
| Signature (required): |  |
| Version date: |  |

1. **GENERAL INFORMATION**

R**equired Information:**

|  |  |
| --- | --- |
| Name: First, Middle, Last |  |
| Office address: |  |
| Office telephone: |  |
| Office fax: |  |
| Home address:  |  |
| Home telephone: |  |
| Cell phone: |  |
| Beeper: |  |
| Work Email:Personal Email: |  |
| Citizenship: |  |
| If not a U.S. Citizen, do you have: | Immigrant visa (green card)?Non-immigrant Visa?Type: |

Optional Information (not required but helpful):

|  |  |
| --- | --- |
| Birth date: |  |
| Birth place: |  |
| Marital status: |  |
| Race/Ethnicity: |  |

1. **EDUCATIONAL BACKGROUND**
2. Academic Degree(s): B.A. and higher; institution name and location; dates attended; date of award. Expand the table as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Degree(abbreviation) | Institution Name and Location | Dates attended | Year Awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Post-doctoral training (include residency/fellowships): In chronological order beginning with post-doctoral training positions; include full titles, ranks and inclusive dates held. Expand the tables as needed.

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Continuing Medical Education Courses/Certificates

|  |  |  |
| --- | --- | --- |
| Certificate or Course  | Institution Name and Location | Dates attended |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other Educational Experiences

|  |  |  |
| --- | --- | --- |
| Description | Institution Name and Location | Dates attended |
|  |  |  |
|  |  |  |

1. **LICENSURE, BOARD CERTIFICATION, MALPRACTICE**
2. Licensure: Every physician appointed to the Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.

|  |  |  |  |
| --- | --- | --- | --- |
| a. State | Number | Date of issue | Date of last registration |
|  |  |   |  |
|  |  |  |  |

|  |  |
| --- | --- |
| b. If no license:1. 1. Do you have a temporary certificate?
 | Yes/No/NA |
| 1. Have you passed the examination for foreign medical school graduates?
 | Yes/No/NA |

|  |  |
| --- | --- |
| c. DEA number (optional): |  |
| d. NPI number (optional): |  |

1. Board Certification

|  |  |  |
| --- | --- | --- |
| Full Name of Board | Certificate # | Dates of Certification (mm/dd/yyyy) – Start and End Dates |
|  |  |  |
|  |  |  |
|  |  |  |

1. Malpractice Insurance

|  |  |
| --- | --- |
| Do you have Malpractice Insurance? | Yes / No / Anticipated / N/A |
| Name of Provider: |
| Premiums paid by (choose one):SelfGroup (name):Institution (name): |

1. **PROFESSIONAL POSITIONS AND EMPLOYMENT**
2. Academic positions (teaching and research)

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. Hospital positions (e.g., attending physician)

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. Other Employment

|  |  |  |
| --- | --- | --- |
| Title | Institution name and location | Dates held |
|  |  |  |
|  |  |  |
|  |  |  |

1. **EMPLOYMENT STATUS (current or anticipated)**

|  |
| --- |
| Name of Employer(s): |
| Employment Status (choose one, delete the others):Full-time salaried by Weill CornellFull-time salaried by Cornell-affiliated hospitalPart-time salaried by CornellPart-time salaried by Cornell-affiliated hospital (show percentage of full time effort, e.g., 50%)Voluntary (self-employed or member of a P.C.)Other salariedOther non-salariedSessional Weill Cornell |

1. **INSTITUTIONAL/HOSPITAL AFFILIATION**

|  |  |
| --- | --- |
| 1. Primary Hospital Affiliation: |  |
| 2. Other Hospital Affiliations: |  |
| 3. Other Institutional Affiliations: |  |

1. **PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES**

|  |  |  |
| --- | --- | --- |
| CURRENT % EFFORT | (%) | Does the activity involve WCMC students/researchers? (Yes/No) |
| TEACHING |  |  |
| CLINICAL |  |  |
| ADMINISTRATIVE |  |  |
| RESEARCH |  |  |
| TOTAL | 100% |  |

FOR NEW WCMC FACULTY: IT IS VERY HELPFUL TO HAVE THIS TABLE REPEATED, SO THAT THE COMMITTEE OF REVIEW CAN SEE THE EXPECTED RESPONSIBILITIES AND EFFORT AT WCMC

|  |  |  |
| --- | --- | --- |
| WCMC ANTICIPATED % EFFORT | (%) | Does the activity involve WCMC students/researchers? (Yes/No) |
| TEACHING |  |  |
| CLINICAL |  |  |
| ADMINISTRATIVE |  |  |
| RESEARCH |  |  |
| TOTAL | 100% |  |

**INSTITUTIONAL RESPONSIBILITIES – Past, Current, Anticipated**

1. Teaching (e.g., specific teaching functions, courses taught, dates: For guidance refer to [Teaching Metrics table](#Teaching_Metrics). Report your teaching activities in the 4 areas of teaching shown below. To provide a more detailed teaching report, use the [Teaching Activities Report template](#Teaching_Report) or [Educator Portfolio template](#Educator_Portfolio) (strongly encouraged). Refer to it here as an attachment (e.g., see attached), and attach it to the CV.

|  |
| --- |
| **Didactic teaching:** (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials) |
|  | Dates |
| **Mentorship:** (e.g., mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member) |
|  | Dates |
| **Clinical teaching:** (e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) |
|  | Dates |
| **Administrative teaching leadership role:** (e.g., residency or fellowship director,course or seminar director or co-director) |
|  | Dates |

1. Clinical care (duties, dates): To document clinical activities use the table below or, to document extensive clinical activities use the [Clinical Portfolio template](#_Clinical_Portfolio_Template) (strongly encouraged). Refer to it here as an attachment and attach it to the CV.

|  |  |
| --- | --- |
| Clinical Activity; Clinical Program Development | Dates |
|  |  |
|  |  |
|  |  |

1. Research (duties, dates): Summarize research activities in the table below. Provide key contributions, and annotate key grants and publications or use a [Statement of Key Contributions](#Key_Contributions). Refer to it here and attach it to the CV.

|  |  |
| --- | --- |
| Research Activity / Key Contributions | Dates |
|  |  |

1. Administrative Activities (duties, dates): Describe administrative activities in the table below. To document administrative activities more extensively use a supplemental statement, refer to it here and attach it to the CV.

|  |  |
| --- | --- |
| Administrative Activity | Date |
|  |  |

1. **RESEARCH SUPPORT**

Summarize **Past Research** Support:

|  |
| --- |
| 1. |
| 2. |

For **Current extramural and intramural research funding**, provide the following for each award:

1. Source, amount, and duration of support (dates)
2. Name of Principal Investigator
3. Individual's role in project, including percentage (%) effort

**Candidates are encouraged to annotate multi-investigator grants to clarify their role on the project (PI, Site PI, Project leader, Core director, etc.)**

**Current Research Support** (duplicate table as needed):

|  |  |
| --- | --- |
| Source |  |
| Amount |  |
| Duration |  |
| Principal Investigator |  |
| Your Role in Project |  |
| % Effort |  |

1. **EXTRAMURAL PROFESSIONAL RESPONSIBILITIES**

i.e. - Journal Reviewer, Editorial Boards, Study Sections, Invited Presentations

|  |  |
| --- | --- |
| Activity / Responsibility  | Dates |
|  |  |
|  |  |
|  |  |

1. **PROFESSIONAL MEMBERSHIPS**

Include medical and scientific societies.

|  |  |  |
| --- | --- | --- |
| Member/Officer/Fellow/Role | Organization | Dates |
|  |  |  |
|  |  |  |

1. **HONORS AND AWARDS**

|  |  |
| --- | --- |
| Name of award | Date awarded |
|  |  |
|  |  |

1. **BIBLIOGRAPHY**

Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination. Please also provide a URL to each of your published works as found in a publicly available digital database such as PubMed or My Bibliography, which are maintained by the US National Library of Medicine.

Publications also may be annotated here (or in the Key Contributions Statement) to indicate the role of the candidate, where appropriate. This should be considered for co-first authorship, co-senior authorship, and in publications in which the candidate played an important role (leadership of a site, or methodology, etc.) that may not be apparent from the author order.

Number the entries and put your name in bold type. The listings must be organized in chronological order. Use the following categories:

1. Articles in professional peer-reviewed journals
2. Reviews
3. Books
4. Chapters
5. Other (media, DVD’s, etc.)
6. Abstracts: Optional, list 10-20 best or most recent only.
7. Presentations: Optional, **other than invited**. List 10-20 best or most recent only.
8. In review: manuscripts submitted or in preparation – list separately.

# Guide to Completing the Weill Cornell Medical College Curriculum vitae Form

**SIGNATURE:** The CV must be signed where shown at the top of the first page. A wet signature is the most appropriate and acceptable. A good, clean, legible copy of a wet signature is acceptable. A bona fide electronic signature is acceptable. A font used to look like a signature is not acceptable.

**VERSION DATE:** Use the date on which the information in your CV is current.

1. GENERAL INFORMATION

This section contains required and optional information. The responses should be straightforward. Please complete it accurately.

Required Information

Name: Provide your full name: First, Middle, Last, and suffixes.

Office address, telephone and fax numbers: This information is helpful, as it may be used to send you important information. Please provide accurate and complete information: street, building, suite, room number, etc.; include zip code (or country code).

Home address, home telephone, cell phone, beeper, and Email address: Please provide this information accurately and completely. If there is an apartment number or floor associated with your address, please show it. Provide a stable, permanent email address if possible.

**Citizenship:** Provide the country of primary citizenship. If it is not the USA, choose either “immigrant visa” (green card) or “non-immigrant visa”. If you are a visa holder, your appointment is contingent upon maintaining valid visa status. Provide the type of non-immigrant visa, e.g., H1B, J1, F1, B1 etc. If your visa is pending, state the anticipated type as “visa pending” or “visa application in process”.

**Optional Information:** The following information is optional but helpful to the Office of Faculty Affairs and the College.

**Birth date:** use MM/DD/YYYY or November 1, 1965

**Birth place:** Show City, State, and Country

**Marital status:** e.g., Single, Married, Civil Union, Divorced, etc.

**Race/Ethnicity:** Should you choose to provide Race/Ethnicity: Black; Asian; Native American; Caucasian; Pacific Islander; Latino, Other, More than One

1. EDUCATIONAL BACKGROUND
	1. Academic Degrees

**Degree: from academic institutions – Colleges, Schools, Universities – conferring academic degrees.** Enter the **name(s)** of each **academic degree**, (Bachelor degrees and above only). Abbreviated degree names, such as B.A., M.D., Ph.D., M.B.B.S., are acceptable but if your degree is unusual or its abbreviation is ambiguous, please provide the full degree name.

Medical degrees vary throughout the world. Some medical schools confer the Bachelor of Medicine degree to physicians (BM), others confer Bachelor of Medicine and Bachelor of Surgery (MBBS) degrees, etc. If you hold a BM, MBBS, or a medical degree other than MD, record the degree you hold. The OFA uses the FAIMER database to verify the degrees offered by Medical Schools throughout the world ([www.faimer.org](http://www.faimer.org)). Under certain conditions, when your medical degree is not MD, you may ask New York State to have your degree conferred to the MD degree. For more information, contact the New York State Department of Education (518-474-3817, ext. 400).

* 1. Postdoctoral Training: (including residency/fellowships). Show here internships, residencies, fellowships and postdoctoral training received after your doctorate. Please list your postdoctoral training positions in chronological order, include full titles, and the name and location (city, state, country) of the institution where training took place. Please list when the training began and when it ended, e.g., July 1, 2000 – June 30, 2001.
	2. Continuing Medical Education Courses / Certificates: show here CME courses and the like, and certificates earned.
	3. Other Educational Experiences: other educational experiences you would like to show.

In all of the tables you create for items B1-B4, provide all the information requested:

**Institution name and location:** Please enter accurately and completely the full name, and location – city, state, country – of each relevant institution Avoid abbreviations. State the name of the Medical School, for example, Harvard Medical School (not Harvard University). Please use the current name of the institution.

**Dates attended:** Please show the date range during which you attended the institution, from beginning to end. At a minimum, list the beginning and ending years, for example 1990 to 1994. Showing month and year is preferred.

**Year awarded:** Please show the year your degree (or certificate, other) was awarded.

C. LICENSURE, BOARD CERTIFICATION, MALPRACTICE

This section – Licensure, Board Certification, Malpractice – is pertinent to physicians and other practicing health care professionals. If you are a researcher or early-career physician for whom the information does not apply, simply note N/A or Not-applicable for each item, and leave the format of the section intact.

* 1. **Licensure**

(Every physician appointed to a Hospital staff, except interns, and aliens in the US via non-immigrant visas, must have a New York State license or a temporary certificate in lieu of the license.)

The statement above appears in the CV form to ensure that those being recommended for appointment to the NewYork-Presbyterian Hospital staff (“Hospital staff” above) recognize the licensure requirement for their hospital privileges.

**Provide Licensing State; License Number; Date of issue; Date of last registration**

**If no license:**

* + - 1. Do you have a temporary certificate? YES or NO
			2. Have you passed the examination for foreign medical school graduates? YES or NO

**DEA number: (optional)**

**NPI number: (optional)**

* 1. **Board Certification: Full Name of Board; Certificate #; Dates (MM/DD/YY)**

List the full name of the Certifying Board. Please do not abbreviate or conjoin board names. Show each certification and the conferring Board separately. List the certificate number and the dates the certification is valid (issued/reissued-end date). Please use a full date: Month, Day, and Year.

* 1. **Malpractice insurance**

**Do you have Malpractice Insurance?** YES or NO; or N/A if it is not relevant.

**Name of Provider:** Give the provider’s name. Avoid abbreviations.

**Premiums paid by: *(choose one)*: self; group (name); institution (name)**

Show who pays your malpractice premiums. Choose one of the three options and state the payor’s name (you may delete the other choices for clarity).

1. PROFESSIONAL POSITIONS AND EMPLOYMENT

1. **Academic positions (teaching and research)**

**Title Institution name and location Dates held**

List teaching and research positions held at academic institutions: Colleges, Universities, Research Institutes, etc. Appropriate for this section are faculty appointments, e.g., Assistant Professor of Medicine, and other academic appointments, such as Research Scientist. Please do not include hospital or administrative appointments here. These may be entered later. Please include your full title; the institution’s FULL name and location (city, state, country); and the inclusive dates you held the position, e.g., July 1, 1999 – June 30, 2005.

* 1. **Hospital positions (e.g., attending physician)**

**Title Institution name and location Dates held**

List hospital positions, such as attending positions - assistant attending, associate attending, or attending physician - or other comparable hospital positions (e.g. consultant, specialist, professional associate, independent health care professional, nurse practitioner, physician assistant, etc.). Please do not list administrative positions here, such as Director, Vice-President, etc. Please include the full title(s); the full institution’s name and location (city, state, country); and the inclusive dates you held the position, e.g., July 1, 2000 – June 30, 2004.

* 1. **Other Employment**

**Title Institution name and location Dates held**

List any other employment for which you were compensated, full-time or part-time. Please show here positions that are not postdoctoral training; not academic appointments; not hospital appointments. Here you may list administrative employment, other non-academic employment, or consulting positions.

1. EMPLOYMENT STATUS

Because the WCMC academic appointment type is dependent upon employment status, in particular for faculty members who come to the College through affiliate hospitals, it is important for us to ask about employment status.

Provide the name of your current employer. If you are currently unemployed, state so. It is permissible to list Weill Cornell as your employer in cases where employment by the College is anticipated, but list Weill Cornell in those cases as “upon approval” or “expected”. Avoid using the name of your mentor or faculty member at the College with whom you may be working. Please do not use abbreviations.

Choose an employment status using the alphabetical letters or simply typing in the status based on the choices (or use another description if one available does not fit). You may delete the remaining, inapplicable choices for clarity.

**Name of Current Employer(s):**

For example: Weill Cornell Medical College; New York Hospital Queens; etc.

**Employment Status *(choose one):***

* + 1. Full-time salaried by Cornell
		2. Full-time salaried at Cornell-affiliated hospital
		3. Part-time salaried at Cornell
		4. Part-time salaried at Cornell-affiliated hospital – show percentage of full time effort, e.g., 50%
		5. Voluntary (self-employed or member of a P.C.)
		6. Other salaried
		7. Other non-salaried
1. INSTITUTIONAL/HOSPITAL AFFILIATION

For those in clinical practice who have attending or other professional designations at New York-Presbyterian Hospital and/or at other hospitals, show here your hospital affiliations. For non-clinical individuals, show here your institutional affiliation(s) other than Weill Cornell Medical College. The Institutional/Hospital Affiliation information is important relative to your academic appointment as it may have an impact on the type of appointment you are eligible for. If you have no Hospital or other institutional affiliations, denote this with Not Applicable or N/A.

* 1. **Primary Hospital Affiliation**

For example: NewYork-Presbyterian Hospital

* 1. **Other Hospital Affiliations**

For example: Memorial Hospital, Memorial Sloan-Kettering Cancer Center; Hospital for Special Surgery; etc.

* 1. **Other Institutional Affiliations**

For Example: National Institutes of Health; Public Health Research Institute, etc.

1. PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES

Provide the percentage of your time devoted to these four areas of professional activity. Complete the table(s) and respond to the questions regarding WCMC students/researchers. Determine your percent effort as the percent of your total effort (work week) devoted to each of the areas. If you are new to Weill Cornell, use two tables: one for your current situation and one for your anticipated effort at WCMC. If you are part-time at Weill Cornell (Adjunct, Visiting, Courtesy), base the percentage on your overall effort.

INSTITUTIONAL RESPONSIBILITIES – Past, Current, Anticipated

This section is highly important for upper level appointments and promotions. Please take the time to carefully work on your responses to this section. It will show the breadth and depth of your academic activities.

The four categories – Teaching, Research, Clinical Care, Administration – are areas of service upon which the criteria for academic appointments and promotions are based. Here is where you can demonstrate how you meet the criteria for appointment or promotion.

If you have no entry for one or more of these activities, please note it by Not Applicable or N/A.

* 1. **Teaching: (specific teaching functions, courses taught, dates)**

All faculty members are evaluated for teaching. This section is the report on teaching activities. The report can be made in the body of the CV or in a supplemental document. **Use the Report on Teaching Activities template if your appointment is not in Educational Leadership. For Educational Leadership candidates (Scholar Pathway) use the Educator’s Portfolio template.**

List here the types of teaching you have done, and are currently doing. Break out your teaching into four categories: didactic; mentoring; clinical teaching; administrative leadership in teaching. This may include classes you teach or have taught in classroom settings, didactic lectures, or instruction in team teaching settings. Show your role in multidisciplinary courses or in course development; show your role as mentor or supervisor to medical students, graduate students, fellows and postdoctoral associates. Be sure to include dates of participation in each teaching entry you create; use inclusive dates with a start and end date. Please make sure to include the institution where duty is performed.

* 1. **Clinical care: (duties, dates)**

If applicable, report your clinical care activities and accomplishments here or use the **Clinical Portfolio** template. Show by specific activities, inclusive dates, and institution. Expand upon the nature of the clinic and your role(s) in the clinic. Provide information about your area of expertise in the clinical setting and where you provide clinical care, how often, for how many patients, etc.

* 1. **Research: (duties, dates)**

Provide a description of your research interests, activities, and career trajectory with dates and refer to your personal statement / statement of key contributions as attached. IRB protocols (both active and inactive) may be included under this subsection. Research support should be provided in the next section, not here.

* 1. **Administrative duties: (duties, dates)**

Include committees, dates, and the locations (i.e. institution) for your administrative duties. The duties listed in this section should be institutional, and not administrative duties related to professional societies, or other extramural activities, which are best listed under Section K, Extramural Professional Responsibilities.

1. RESEARCH SUPPORT

Please clearly show past, current, and pending research in separate lists.

**Summarize** past research support: award, dates, and role

**List the following** for current extramural and intramural research funding:

Source, $ amount, and duration of support (dates, formatted MM/YY to MM/YY)

Name of Principal Investigator

Individual's role in project, including percent (%) effort

**Annotated grants**: **Candidates are encouraged to annotate multi-investigator grants to clarify their role on the project (PI, Site PI, Project leader, Core director, etc.)**

I. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES

(e.g., Journal reviewer, NIH study section, Invited Lectures, etc.)

This is a broadly defined category that is very useful in demonstrating academic and service engagement outside the site of primary activity. Populated with a variety of academic activities such as journal reviewer, member of grant review boards and study sections, invited lectures, consultancy, volunteer work, community service, etc., it helps establish reputation

J. PROFESSIONAL MEMBERSHIPS (medical and scientific societies)

**Member/officer Name of Organization Dates held**

For individuals in the early stages of their career there may be relatively few or no entries here. However, for mid-career and senior faculty members, this section is a key place to demonstrate the extent to which you participate in extramural activities as they relate either to service or leadership roles in your particular professional community. Distinguish the different types of involvement with societies and other professional groups, e.g., as a Member or Officer, which would point to leadership roles.

K. HONORS AND AWARDS

**Name of award** **Date awarded**

This is another key section for demonstrating one’s reputation locally, regionally, nationally and internationally, among peers, students, patients, colleagues, and others. Examples include teaching awards, patents, research awards, best-paper awards, book awards, membership in honor societies, etc. One could also include here entries in *Who’s Who*, *Best Of* listings, etc.

L. BIBLIOGRAPHY

For recent graduates, and those being appointed to associate positions (Clinical Associate) or trainee positions, there may be few or no entries in the bibliography. If there are no entries, note it by marking the section as “N/A”.

For senior level appointments and promotions (associate professor, professor, tenure), this section of the CV form is vital. Please complete this section carefully. Errors or incomplete information may cause delays, confusion, or other undesirable consequences. Review your entries carefully for completeness according to the example format below. Do not omit volume or issue numbers, page numbers, dates, journal name, etc. Number the entries, and use bold type for your name so that the placement of your name in the authorship is clear to reviewers.

List entries in chronological order within the following categories:

* 1. **Articles in professional peer-reviewed journals:** You may parse these entries by refereed or non-refereed. List articles that have been published, are in press, or accepted only. Articles that are submitted or in preparation for publication should be listed under section L-8. In review, below.

Letters and invited publications to non-peer reviewed journals should be listed under a separate heading. Be careful in listing these and other similar types of publications. Keep in mind the difference between bona fide peer-reviewed publications and invited articles, certain types of letters, and other publications that represent scholarship and may appear in peer-reviewed journals but are non-peer-reviewed publications.

Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination.

*(E.g., Doe J, Ford A, Smith J. Measuring the activities of daily living. N England J Med 1994; 331(4):778-84.)*

* 1. **Reviews**
	2. **Books**
	3. **Chapters**
	4. **Other:** use subsections here to list other types of scholarly work. This could include electronic-only publications, CDs, DVD’s, etc.
	5. **Abstracts** (Optional - List 10-20 best or most recent only)
	6. **Presentations** (Other than invited lectures. List 10-20 best or most recent only)
	7. **In review:** manuscripts that have been submitted or are in preparation. These should be listed under separate headings.

# Supplemental Documents

Attaching the following supplemental documents to your CV is strongly encouraged but you will need to exercise good judgement in choosing their use. Try to avoid redundancy in your overall dossier. For example, more than one template asks for a personal statement. Should you need assistance or guidance please contact the Office of Faculty Affairs.

* [Statement of Key Contributions](#Key_Contributions)

A 1-2 page summary to include: a) major accomplishments since initial appointment or last promotion; b) annotation of select bibliographic entries to highlight important roles/work; c) annotation of select grants of special importance, noting role

* [Teaching Activities Report](#Teaching_Report)

Please use this template to report on teaching and education activities if you are seeking appointment or promotion on any Pathway **excepting** the Pathway Recognizing Academic Achievement and Scholarship (Educational Leadership)

* [Educator’s Portfolio](#Educator_Portfolio)

Please use this template to report on teaching and education activities if you are seeking appointment or promotion on the **Pathway Recognizing Academic Achievement and Scholarship (Educational Leadership)**

* [Clinical Portfolio](#_Clinical_Portfolio_Template)

Please use this template to report on extensive clinical activities

These documents will benefit you in presenting your accomplishments and showing how your work meets and exceeds the metrics used for your recommended appointment or promotion.

## Statement of Key Contributions

In 1-2 pages, summarize your key contributions in investigation, clinical care and teaching, highlighting those accomplishments most relevant to your chosen area of excellence. Include an annotated bibliography to highlight your best publications and note the roles you had in the studies. If appropriate also annotate any grants on which you had significant roles

Briefly describe up to three of your most significant academic contributions, with an emphasis on your activities since your initial appointment or most recent promotion. For each contribution, you may wish to indicate the historical background that frames the scientific or academic problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, you may wish to reference up to four peer-reviewed publications in your numbered CV that are relevant to that contribution.

Briefly describe grants of special importance, noting your role.

## Teaching Activities Report Template

Given the importance of the educational mission of WCMC, it is expected that, with rare exception, **all faculty will engage in teaching**. All faculty members will be evaluated for contributions to teaching and education activities at WCMC, WCMC-Q, and WCMC affiliates. Teaching of WCMC medical and graduate students, and students in WCMC applied programs (Physician Assistants) will be particularly noted. If this is the candidate’s first faculty appointment at WCMC, teaching contributions at institutions where the candidate previously held a faculty position will also be considered. Teaching activities are broadly defined to include:

* Didactic teaching of students, trainees and peers
* Research training and mentorship
* Clinical teaching and mentorship
* Administrative teaching roles

Faculty will be evaluated to meet *minimum standards* based on their recommended professorial rank according to the following table:

|  |  |
| --- | --- |
| Level | Minimum Standard |
| *Assistant Professor* | Demonstration of excellence in **one teaching category on a continuous basis** |
| *Associate Professor* | Demonstration of excellence that spans **at least two teaching categories on a continuous basis** with evidence of high quality in these activities |
| *Professor* | Demonstration of excellence that spans **at least two teaching categories on a continuous basis** with evidence of high quality in these activities |

These standards **do not apply** when the area of excellence is **Educational Leadership**. For those metrics see the criteria for **Educational Leadership** as an area of excellence in *Guidebook: Criteria for Faculty Appointment and Promotion*, in the Academic Staff handbook, Section 2, Appendix 1. Visit [www.med.cornell.edu/handbook](http://www.med.cornell.edu/handbook). **Educational Leadership candidates should use the** [**Educator’s Portfolio**](#Educator_Portfolio)**.**

Use the tables on the following pages to document your excellence in the categories of teaching activities. You may insert the tables into Section G-1, Teaching, of your WCMC CV form, or if you have a lengthy report, attach it to the CV and refer to the attachment in Section G -1 Teaching.

|  |  |
| --- | --- |
| Teaching may take the form of: | **Examples of Metrics** |
| Didactic teaching (e.g., lectures, continuing medical education courses, grand rounds, professional development programs, seminars, tutorials) | * Report level of activity (noting lectures and courses taught) and measures of quality (e.g., participant or peer evaluation); specifically note WCMC courses for graduate allied health, and medical students
* May note if candidate has devised innovative methods in classroom teaching and/or taught or lectured on issues related to education
 |
| Mentorship (e.g., mentor for medical student, graduate student, resident, clinical or postdoctoral research fellow or junior faculty projects; service as graduate student thesis advisor or committee member) | * Number and stature of individuals upon whom the candidate had a major influence
* Feedback from mentees, if available
* Publications with mentees
 |
| Clinical teaching(e.g., teaching in the clinic or hospital including bedside teaching, teaching in the operating room, preceptor in clinic) | * Quantified level of activity
* Quality of teaching as measured by evaluations by students, residents, fellows, others
 |
| Administrative teaching leadership role(e.g., residency or fellowship director,course or seminar director or co-director) | * Quality as measured by evaluations and success of courses/programs for which the candidate was a leader
 |

Use the table below to list your activities and contributions here. Be sure to include evidence for excellence in each category. Expand the table as needed.

|  |  |
| --- | --- |
| DIDACTIC TEACHING  | Evidence of Excellence |
|  |  |
| MENTORSHIP  | Evidence of Excellence |
|  |  |
| CLINICAL TEACHING | Evidence of Excellence |
|  |  |
| ADMIN/LEADERSHIP TEACHING ROLES | Evidence of Excellence |
|  |  |

Recognition and Scholarship

Recognition and Scholarship in Education are valued but not required as part of the minimum standard for teaching excellence for faculty whose area of excellence is not Educational Leadership. When this is not the area of excellence, faculty may not have recognition for teaching activities or educational scholarship. If they do, all should be listed.

|  |  |
| --- | --- |
|  | **Examples of Metrics** |
| Recognition\* | * Invited presentations in the field of expertise
* Contributions to professional educational organizations
* Leadership role in education
* Service on education-related committees
* Awards for teaching, mentoring or other education-related achievements
 |
| Scholarship\* | * Development of educational materials (e.g., syllabi or curricula) and/or publications related to education
 |

*Additional Information regarding Recognition and Scholarship Metrics in Teaching and Education for all individuals seeking appointment within the area of Clinical Expertise and Innovation.*

For individuals seeking appointment or promotion within the area of Clinical Expertise and Innovation, Recognition and Scholarship in the area of Education are not required as part of the minimum standard of excellence, but when present, are valued. The Table below gives examples of metrics for Recognition and Scholarship in Teaching and Education.

|  |
| --- |
| Recognition and Scholarship Metrics in Teaching  |
| Recognition related to teaching of medical professionals | * Invited presentations in the field of expertise
* Contributions to professional educational organizations
* Leadership role in education
* Service on education-related committees
* Awards for teaching, mentoring or other education-related achievements
 |
| Scholarship related to teaching | * Development of educational materials (e.g., syllabi or curricula) and/or publications related to education
 |
| Recognition related to teaching of patients and lay individuals | * Development of material related to health conditions for use by patients
* Development of programs and material that improve health literacy and educate the public about biomedical sciences
* Writing for magazines, newspapers, health letters or websites on issues related to health
* Publication of books for the public that address important health issues
* Speaking to lay populations to educate them about important health issues
* Presenting information related to health through the media, including radio, television or podcasts
* Educating and mentoring pre-professional students in biomedical science
* Service to communities locally, nationally or abroad that improves the health of populations such as through improved delivery of care, provision of disaster/ crisis relief or a decrease in health disparities
* Awards recognizing contributions to patient and community education, access to care for underserved populations, community service, and/or the health of the public
* Invitations to speak to lay audiences on issues related to health
* Membership on the advisory boards of lay health-related organizations or government committees evaluating health-related issues
* Widespread use of patient education materials developed
 |

|  |  |
| --- | --- |
| RECOGNITION  | Evidence of Excellence |
|  |  |
| SCHOLARSHIP  | Evidence of Excellence |
|  |  |

## Educator’s Portfolio Template

The Educator’s Portfolio is appropriate for candidates recommended for appointment or promotion on the **Pathway Recognizing Academic Achievement and Scholarship, area of excellence Educational Leadership**. You should complete the areas that are applicable to your work. It is not expected that everyone will have information for all areas. You may insert the final report into your WCMC CV form, Section G-1, Teaching, or if you have a lengthy report, attach it to the CV and refer to the attachment in Section G-1 Teaching.

For the areas you do complete, you should expound on the value and impact of the work you have accomplished.

Consider all levels of learners, including: Undergraduate Medical Education (medical students), Graduate Medical Education (residents/fellows), Faculty Development, Continuing Medical Education, Allied Health Students (PA/NP/Nursing, etc.), and others.

**EDUCATOR’S PORTFOLIO**

Name:

Department:

**SECTION I: PERSONAL STATEMENT**

A personal statement is crucial for appointment or promotion on the Pathway Recognizing Academic Achievement and Scholarship (Educational Leadership). Articulate your contributions to Weill Cornell Medical College and the academic community within your field of expertise. Include a history or trajectory of your career if applicable. (The statement should be less than 3 pages.)

**SECTION II-A: TEACHING ACTIVITIES**

Review your CV. Document in this section the role you played in each of the activities. Include the level of learners, number of attendees, and frequency of sessions.

Example:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Activity** | **Role** | **Level of Learner** | **Number of learners** | **Frequency/contact hours** | **Years of Participation** |
| 1.  | MPS | Small group facilitator | 1st year medical students | 10-12 | 6 weekly sessions, 2 times a year | 2008-present |

**SECTION II-B: TEACHING EVALUATIONS**

Include any evaluation data about your performance: e.g. numerical scores and comments from medical students or residents.

**SECTION III: DEVELOPMENT OF CURRICULUM AND/OR INSTRUCTIONAL MATERIALS**

Provide a description of any materials you’ve created; include where applicable the needs assessment that helped you identify the knowledge gap. If you have information about the outcomes of this material, include it at the conclusion of this section. Examples include the success of learners, feedback from learners, use of the material by other educators, etc.

**SECTION IV: DEVELOPMENT OF ASSESSMENT TOOLS OF LEARNER PERFORMANCE**

Consider what tools you have created to assess the learning of your audiences. This might include checklists, evaluation forms, OSCEs, simulation cases, etc. Consider describing the impact the tools have on the learners or courses: e.g. *improvement of student feedback on lectures after institution of a lecture evaluation form*

**SECTION V: ADVISING and MENTORING**

Consider Research, Projects and Student organizations in addition to individual advising. Describe what the projects or organizations entail, and your involvement in the projects. Include advisee and mentees outside the institution, and evidence of success. Examples: *Faculty Mentor for WCMC medical student research on health literacy and shared-decision making. The project was presented as a poster at a national meeting.*

**SECTION VI: EDUCATIONAL LEADERSHIP ROLES**

Include title, detailed role and accomplishments. Include all on-going committee participation and short-term work group, both internal and external to WCMC.

**SECTION VII: EDUCATIONAL SCHOLARSHIP**

Workshops, oral/podium presentations or Grand Rounds, peer-reviewed journal articles, web-based submissions (MedEd Portal, etc.) (Invited vs peer reviewed, Level of learners, Number of learners, Evaluations)

**SECTION VIII: PROFESSIONAL EDUCATIONAL DEVELOPMENT**

List any courses or workshops you’ve attended to help you improve your skills within your educator role. Consider what faculty development effort you’ve made to grow professionally. Peer observations of teaching should be included here. Examples: Certificate courses, special CME activities

**SECTION IX: EDUCATIONAL HONORS AND AWARDS**

##  Clinical Portfolio Template

You may use the table and activity categories on the following pages to document your excellence in clinical care activities. You may insert the report into your WCMC CV form, Section G-2, Clinical Care, or if you have a lengthy report, attach it to the CV and refer to the attachment in Section G -2 Clinical Care.

You should complete the areas that are applicable to your work. It is not expected that everyone will have information for all areas. For the areas you do complete, you should expound on the value and impact of the work you have accomplished and provide documentation of this impact if available.

Consider all care areas, inpatient, outpatient, community.

**CLINICAL PORTFOLIO**

Name:

Department:

**SECTION I: PERSONAL STATEMENT**

A brief personal statement regarding your vision for clinical care is encouraged and is highly suggested for appointment or promotion in the Clinical Expertise and Innovation area of excellence. Articulate your contribution to Weill Cornell Medical College and the academic community within your field of expertise. Include a history or trajectory of your career if applicable. (The statement should be no more than 1 page)

**SECTION II: CLINICAL ACTIVITIES**

Review your CV. Document in this section the role you played in each of the activities.

For Example:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Activity | Role | Number of Sessions/Weeks | Years of Participation |
| 1.2. | NYP ClinicWard Rounds | PreceptorTeaching attending | 5 sessions/week5 sessions/week6 months/year | 2008-present2008-present |

**SECTION III: CLINICAL PROGRAM DEVELOPMENT**

Should include a description of program, patients served and performance measures.

For example: *“Development of a multidisciplinary clinic to evaluate and treat patients with XX condition. Thus far 80 patients have been enrolled in the clinic with referrals coming from the tri-state area”.*

**SECTION IV: CLINICAL EVALUATIONS**

Include any evaluation data about your performance: e.g. numerical scores and comments from residents, medical/PA students, Press Ganey scores, evaluations by peers/supervisors, patient comments. Include changes over time, if applicable.

**SECTION V: CLINICAL/QUALITY COMMITTEES**

Include membership on clinical committees for the college and hospital, as well as local or national clinical committees. Describe role on committee, i.e. member or chair. Describe **specific contributions** you have made to the committee, goal of committee and improvements the committee has enacted. Include status of project and if available, measurements of quality improvement used and results.

For example: *“Member of operations committee –interdisciplinary committee responsible for improving clinical operations within the Department of ABC. My role has been to represent the inpatient unit. Specifically I have been involved with improvements in the sedation services by working with an interdisciplinary committee to develop a sedation program and by continuing to evaluate the service. This services now cares for XX patients per year and has improved patient satisfaction and flow.”*

For example: *“Member of Asthma Clinical pathway development committee. Pathway has been developed however has not been rolled out. Quality measures will include readmissions, ED visits, LOS.”*

**SECTION VI: CLINICAL/QUALITY LEADERSHIP ROLES**

Describe clinical leadership/administrative role and highlight accomplishments.

For example: *Medical Director of XYZ unit. Developed interdisciplinary committee to improve patient satisfaction. Press Ganey results for communication by MD has improved by 2 points.*

**SECTION VII: ADVOCACY/COMMUNITY PROJECTS/MEDIA/PUBLIC EDUCATION**

Describe your involvement in advocacy/community projects, include community boards, teaching activities, participation in government and/or national organizations committees and boards. Include frequency of activities, type of activities, roles and a description of your contribution to the organization and anything you have developed to support the organization’s growth.

For example:

*Lenox Hill Neighborhood House Medical Advisory Board, meets quarterly.*

*Doctor for the day at PS6*

*Member Governor’s Task Force on Early Childhood Medical Home. Committee member. Meets monthly. Developed standards for evaluation of medical home for 0-3 year olds.*

*Board of Chrons and Colitis Foundation- developed web based educational series for patients.*

**SECTION VIII: ADVISING and MENTORING**

Consider research/quality/safety projects and student organizations in addition to individual advising. Describe what the projects or organizations entail, and your involvement in the projects. Include advisee and mentees outside the institution, and evidence of success.

For example: *“Faculty Mentor for WCMC medical student activity Camp Phoenix. During my involvement we have expanded student involvement by 30% and have added 2 activities for camp participants during the year. In addition developed reflective writing piece for students”.*

**SECTION IX: CLINICAL SCHOLARSHIP**

Workshops, oral/podium presentations or Grand Rounds, peer-reviewed journal articles, book chapters, reviewer (abstracts, journals), web-based submissions (Invited vs peer reviewed, Evaluations of sessions). **Do not need to repeat from CV.** This is an opportunity to put your scholarship in context and expound on its impact.

**SECTION X: PROFESSIONAL EDUCATIONAL DEVELOPMENT**

List any courses or workshops you’ve attended to help you improve your skills within your clinical role. Consider what faculty development effort you’ve made to grow professionally. Examples: Certificate courses, special CME activities.

**SECTION XI: CLINICAL HONORS AND AWARDS**

# Letters of Evaluation

**FOR APPOINTMENT OR PROMOTION AT A PROFESSORIAL RANK**

During the process of evaluation for academic appointment and promotion, letters will be solicited by the Office of Faculty Affairs from individuals (evaluators) who can comment on the qualifications of the faculty member under consideration.[[1]](#footnote-1) The list of names of potential evaluators will be generated by the Department Chair, following discussions with the faculty member.

Some evaluators must be impartial national or international authorities in the candidate’s field that can be called upon for expert opinion.

Guidelines for impartiality include:

1. The evaluator has not been a trainee or mentor of the candidate
2. The evaluator has not been a contemporaneous colleague at the same institution (including WCMC)
3. The evaluator is not a co-investigator or co-author within the past five years (with the exception of large multi-center clinical trials or research consortia)

Others will be evaluators who can comment on prominence, potential and current expertise, national reputation, and specific contribution of the candidate to the academic mission of the Medical College. These evaluators can be faculty members who may not fulfil the above criteria for impartiality, but can directly comment on the service and excellence of the faculty member. These evaluators should be external to the Department of the faculty member.

The table below provides guidance as to the required number of names that must be submitted and the minimum numbers and types of letters required to present the recommendation to the Committee of Review.

|  |  |  |
| --- | --- | --- |
| **Appointment/Promotion** **To** | **Required # of Names**[[2]](#footnote-2) | **Received letters required (minimums)** |
| Unmodified Title[[3]](#footnote-3) |  |  |
|  Professor | 9 names | 3 impartial + 3 more (any type) = 6 minimum |
|  Assoc. Professor | 6 names | 3 impartial + 2 more (any type) = 5 minimum |
|  Asst. Professor | 2 letters | 2 letters (at least 1 impartial preferred) = 2 minimum |
|  |  |  |
| Modified Title[[4]](#footnote-4) |  |  |
|  Mod. Professor | 9 names  | 3 impartial + 1 more (any type) = 4 minimum |
|  Mod. Assoc. Professor | 6 names | 2 impartial + 2 more (any type) = 4 minimum |
|  Mod. Asst. Professor | 2 letters | 2 letters = 2 minimum |

**This Information is to be completed and submitted to your Department Chair/Division Chief/Department Administrator or Appointment Administrator**

**Faculty Candidate Name (Last, First, Middle):**

**Candidate Evaluations – List of Authorities**

**IMPORTANT NOTE: Please read the above information prior to completing this list of authorities with particular attention to the definition of impartiality that is described on page 1. Please complete each section in its entirety.**

**Evaluator #1**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #2**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #3**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #4**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #5**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #6**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #7**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #8**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #9**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #10**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #11**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

**Evaluator #12**

Name/Degree

Academic Rank/Title

Department

Institution

Street Address

City, State, Zip Code

Phone #

E-mail Address

What is the candidate’s relationship to the evaluator?

Does the evaluator meet the definition of

impartiality as described on page 1?

1. Letters for Assistant Professor level appointments or promotions will be solicited by the Department directly. The Office of Faculty Affairs solicits evaluation letters for Associate Professor and Professor rank appointments. [↑](#footnote-ref-1)
2. Academic Rank of Evaluator is equal to or higher than the candidate’s. [↑](#footnote-ref-2)
3. For example, Professor of Medicine [↑](#footnote-ref-3)
4. For example, Professor of Clinical Medicine; Professor of Research in Medicine; Clinical Professor of Medicine [↑](#footnote-ref-4)