



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School of Medicine

Curriculum Vitae for Tenure and/or Promotion

Use your computer to complete this form and utilize as much space as necessary, below each heading, to provide the requested information. If you have no information for a topic, write "None" or "NA" under the heading. **Whenever dates are requested, list them in chronological order, beginning with the first and ending with the most recent.**

The electronic version of this form can be found on-line at: <http://www.ttuhsu.edu/som/facultydevelopment/documents/tp/candidatescv.doc>

Instructions for completion of this form can be found on-line at: <http://www.ttuhsu.edu/som/facultydevelopment/documents/tp/cvinstructions.pdf>

Name: <<Enter Full Name>> _____ Date: <<Enter Date>> _____

Department and Campus: <<Enter Department and Campus>> _____

Present Title (Check one of the following): <<Check one>>

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Assistant Professor | <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Assistant Professor of Clinical... | <input type="checkbox"/> Associate Professor of Clinical... | |
| <input type="checkbox"/> Research Assistant Professor | <input type="checkbox"/> Research Associate Professor | |

I am applying for promotion to: (Check one of the following): <<Check one>>

- | | |
|---|---|
| <input type="checkbox"/> Associate Professor | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Research Associate Professor | <input type="checkbox"/> Research Professor |

<<Check one>>

Present Tenure Status: Tenure Track Non-Tenure Track Tenured

<<Check one>>

Applying for tenure? Yes No

Area of Excellence (One area to be determined with your Chair & substantiated in this CV.) <<Check one>>

Teaching Scholarship Clinical Service

Area(s) of Meaningful Participation (Must be different from Area of Excellence) <<Check all that apply>>

Teaching Scholarship Clinical Service Academically-Related Public Service

Please indicate your % FTE (i.e. 50-100%) _____

<<Provide your current full time equivalent (FTE) percentage>>

Please indicate the division of your effort according to academic area: <<Provide your current percent effort in each area of performance>>

Teaching	Scholarship/Research	Clinical Service	Academically Related Public Service
% Effort	% Effort	% Effort	% Effort

<<Double Click Header to Enter Name of Candidate>>

I have read the [HSC OP 60.01](#) Tenure and Promotion Policy

<<Check one>> Yes No

I fulfill the School of Medicine [Guidelines for Tenure and Promotion](#)

<<Check one>> Yes No

I understand that the deliberations of the Tenure and Promotion Committee are confidential. I understand that I should not solicit any information about those deliberations from any member of that committee or anyone involved in the deliberations. I also understand that the results of committee deliberations serve as recommendations to the Dean, with the final decision made by the Board of Regents.

<<Check one>> Yes No

General Information

When dates are requested throughout, please list in chronological order ending with the most recent

A. Education

List all earned and honorary college degrees that you have received (B.S., M.S., M.D., Ph.D., etc) and the dates.

Degree	Date	Field	Institution and Location

<<To add additional lines, place cursor in bottom right box and press Tab key>>

B. Postdoctoral Education (Including Residencies and Fellowships)

List the postdoctoral education that you have completed. Give the title of your position (e.g. Postdoctoral Fellow), the beginning and ending dates, the source of funding (e.g. American Heart Association, Texas Affiliate), field, name of mentor, and name of institution and location for each. Underline those positions for which the applications were peer reviewed.

Title of Position	Dates	Source of Funding	Field	Mentor	Institution and Location

<<To add additional lines, place cursor in bottom right box and press Tab key>>

C. Positions Held

List each position (teaching, administrative, and other) you have held subsequent to completion of your postdoctoral education. Give beginning and ending dates and the institution and location for each position. If you were a member of the graduate faculty at another institution, give the dates of appointment and the name of the institution and location. If you held an academic appointment, give the appropriate dates and the name and location of the institution. If you were tenured at another institution, give the appropriate dates and name and location of the institution. Underline your academic appointments at Texas Tech University Health Sciences Center.

<<Copy, paste, and format text as needed>>

D. Honors

List the honors you have received and the dates (for example, Phi Beta Kappa, 1985; American Heart Association Established Investigator, 2001).

<<Copy, paste, and format text as needed>>

E. Specialty and Sub-Specialty Board Certifications

Give the name of each board or other professional organization by which you have been certified/recertified. Also, give the original date of certification for each and expiration date(s) for each (e.g. American Board of Ophthalmology, 1990; exp 2010, American Board of Microbiology, 1992, exp 2010).

<<Copy, paste, and format text as needed>>

F. Society Memberships

1. College or academic fellowships or memberships and effective dates (American and/or foreign)

(e.g. American College of Physicians, 1995; American Academy of Microbiology, 1996)

<<Copy, paste, and format text as needed>>

2. Elective societies and effective dates

(e.g. American Physiological Society, 1985; Health Science Communication Association, 1988)

<<Copy, paste, and format text as needed>>

3. Other memberships (not elected) and effective dates

(e.g. American Medical Association, 1980; American Society for Microbiology, 1982)

<<Copy, paste, and format text as needed>>

Teaching

When dates are requested throughout, please list in chronological order ending with the most recent

A. Local Teaching Activities

1. **Lectures, small group conferences, and laboratories for undergraduate students, medical students, graduate students, residents/fellows and other students (allied health, nursing, pharmacy, etc.)**

Title of course; Number of hours of direct instruction per year; and approximate number of students impacted. Submit no less than three (3) but no more than six (6) resident/student evaluation forms in Appendix A(1). You may provide no more than one (1) example of course materials developed (slides, handouts or test questions, etc.) in Appendix A (2). Finally, you may provide no more than three (3) unsolicited letters from grateful students in Appendix A (3).

<<Copy, paste, and format text as needed>>

2. **Clinical teaching for medical students, residents and fellows**

Topic of instruction/supervision; Number of hours of direct instruction or supervision per year; and approximate number of students, residents or fellows impacted. Submit no less than three (3) but no more than six (6) resident/student evaluation forms in Appendix A(1). You may provide no more than one (1) example of course materials developed (slides, handouts or test questions, etc.) in Appendix A (2). Finally, you may provide no more than three (3) unsolicited letters from grateful students in Appendix A (3).

<<Copy, paste, and format text as needed>>

3. **Total number of hours of direct instruction for past academic year (sum of numbers 1-2)** <<Enter hours>>

B. Non-Credit Instruction

1. **Continuing Professional/Medical Education**

Topic of instruction; Number of hours of direct instruction per year; and approximate number of professionals impacted. Submit no more than three (3) evaluations of CE activities presented by you in Appendix A (4).

<<Copy, paste, and format text as needed>>

2. **Educational activities for the lay public**

Topic of instruction; Number of hours of direct instruction per year; and Approximate number of individuals impacted.

<<Copy, paste, and format text as needed>>

C. Mentoring and Advising

1. Graduate students <<Check one and enter date>>

Are you a member of the graduate faculty? _____ Yes _____ No
If so, Date of Appointment: _____

List the name of each graduate student for whom you served as a member of the thesis or dissertation committee. Underline the names of students for whom you served as Chairperson. Give the name of each student, the degree earned, the field of the student, the name of the department and institution where the degree was earned, and the date the degree was earned. Asterisk (*) those students who did not complete writing their dissertation under your supervision. Give each student's current title/position and location (if known).

<<Copy, paste, and format text as needed>>

2. Postdoctoral fellows, research associates, residents, and fellows

List the name and beginning and ending dates of each person for whom you served as a research advisor or faculty mentor. Give each person's current title/position and location (if known).

<<Copy, paste, and format text as needed>>

3. Medical students

List the name and beginning and ending dates of each medical student for whom you served as a research advisor or faculty mentor, and the name of the program (e.g. Medical Student Summer Research Program).

<<Copy, paste, and format text as needed>>

4. Undergraduate students, high school students and other individuals

List the name, beginning and ending dates, and approximate number of hours/week of each undergraduate student, high school student or other individual for whom you served as a faculty mentor or research advisor, and the name of the program (e.g. Howard Hughes, SABR, Clark's Scholars). Give the person's current title/position and location (if known).

<<Copy, paste, and format text as needed>>

D. Other Teaching Presentations

List other presentations or Grand Rounds you have given. Underline those you presented at other institutions or at national meetings or symposia; include the topics and dates.

<<Copy, paste, and format text as needed>>

E. Enhancement of Teaching Skills

List faculty development programs, continuing education programs and workshops you have attended and include the dates.

<<Copy, paste, and format text as needed>>

F. Education Administration

List courses, clerkships, graduate programs, residency programs and fellowship programs you have directed and include the dates.

<<Copy, paste, and format text as needed>>

G. Education Committees

List state, regional and national education committees on which you have served (e.g. residency review committees, National Board of Medical Examiners), the dates of your membership, and any offices you have held (e.g. Secretary).

<<Copy, paste, and format text as needed>>

H. Innovations in Education

List new courses, residency programs, fellowship programs, workshops, laboratory exercises and other educational components you have developed and the dates they were initiated.

<<Copy, paste, and format text as needed>>

I. Education Awards

List teaching awards you have received and the dates.

<<Copy, paste, and format text as needed>>

Scholarship

When dates are requested throughout, please list in chronological order ending with the most recent

A. Summary of Scholarly Activity (Research, Medical Education, and Patient Care)

Summarize in 100 words or less your most important discoveries and your current scholarly activities or interests including research, contributions to medical education, and patient care; Please submit no more than three (3) example publications of peer-reviewed scholarly works in Appendix B

<<Copy, paste, and format text as needed>>

B. Publications

1. Published articles and case reports

Give the complete citation of each published article or case report for which you are an author or co-author (chronological order, ending with the most recent). **Place an asterisk (*) before those that received peer review.** Give all of the authors' names exactly as they appear in the article or case report, print your name in bold letters and underline the name of the corresponding author (the person who submitted the article). Include the beginning and ending page numbers. Please use the format of the following example:

*Lukyanenko V, **I Gyorke**, TF Wiesner, and S Gyorke. (2001). Potentiation of Ca²⁺ release by cADP-ribose in the heart is mediated by enhanced SR Ca²⁺ uptake into the sarcoplasmic reticulum. *Circ. Res.* 89, 614-622.

<<Copy, paste, and format text as needed>>

2. Articles and case reports in press

Use the same format as above, but give the date the article was accepted for publication. **Place an asterisk (*) before those that received peer review.**

<<Copy, paste, and format text as needed>>

3. Articles and case reports submitted

Use the same format as above, but give the date the article was submitted for publication.

<<Copy, paste, and format text as needed>>

4. Books, chapters in books, and monographs

Give the complete citation of each book, chapter in a book, or monograph for which you are an author or co-author (chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the corresponding author. Use the format of the following examples for books and chapters:

Bresnick, E, and A. Schwartz. (1968). *Functional Dynamics of the Cell*, 482 pp., Academic Press, New York and London. **Niemann, H.** Molecular biology of clostridial neurotoxin. In: Alouf, JE and J Freer (eds). (1991). *Sourcebook of Bacterial Protein Toxins*, Academic Press, London, pp. 299-344.

<<Copy, paste, and format text as needed>>

5. Abstracts

Give the complete citation of each abstract for which you are an author or co-author (chronological order, ending with the most recent). Give the authors' names exactly as they appear in the literature, print your name in bold, and underline the presenter's name. Use the same format as that for published articles and case reports. **Place an asterisk (*) before those that received peer review.**

<<Copy, paste, and format text as needed>>

C. Presentations/Exhibits/Productions

List the invited presentations/exhibits/productions you have given at international or national meetings, symposia, workshops or Gordon Conferences, and invited lectures presented at other institutions (chronological order, ending with the most recent). Give the authors; title of your presentation; the name of the meeting, symposium, workshop, Gordon Conference or institution; place where presented; and the date. **Place an asterisk (*) before those that received peer review.**

<<Copy, paste, and format text as needed>>

D. Patents

List the titles, authors and dates of patents approved or the date of patent application of those patents to which you have contributed.

<<Copy, paste, and format text as needed>>

E. Extramural Professional Service

In chronological order under each of the following headings, **give the beginning and ending dates for each appointment** as a regular or ad hoc member.

1. Member of editorial boards (e.g. *Circulation Research*)

<<Copy, paste, and format text as needed>>

<<Double Click Header to Enter Name of Candidate>>

2. Manuscript reviewer for the following journals

<<Copy, paste, and format text as needed>>

3. Member of research grant study sections (e.g. NIH, AHA Western Review Consortium)

<<Copy, paste, and format text as needed>>

4. Consultant to government agencies, private industry, or other organizations

<<Copy, paste, and format text as needed>>

5. Officer or committee member of scientific or professional organizations

<<Copy, paste, and format text as needed>>

F. Grants to Support Scholarly Work

Under the categories listed below, list each grant or contract on which you were a principal investigator or co-investigator (not consultant) obtained to support your current scholarly activities or interests including research, contributions to medical education, and/or patient care. Include the granting agency, grant number, beginning and ending dates, name of the principal investigator, name of CoI(s), title of the grant/contract, your percent effort, and total direct costs for the duration of the grant. **Place an asterisk (*) before any grant or contract that was peer-reviewed.** Please use the format of the following example:

*NIH R01 HL 34567; 07/01/98 - 06/30/03; John Doe (PI); Bill Smith (CoI) Mechanisms of cardiac arrhythmias; 30% effort; \$1,000,000.

1. Intramural awards (e.g. seed grants)

<<Copy, paste, and format text as needed>>

2. Extramural awards

a. Local but not from TTUHSC

<<Copy, paste, and format text as needed>>

b. State and/or regional

<<Copy, paste, and format text as needed>>

<<Double Click Header to Enter Name of Candidate>>

c. National and/or international

<<Copy, paste, and format text as needed>>

3. Grants submitted and pending approval

Give the date of submission.

<<Copy, paste, and format text as needed>>

4. Grants submitted but not funded

Give the priority scores and percentile scores (if available).

<<Copy, paste, and format text as needed>>

Clinical Service

When dates are requested throughout, please list in chronological order ending with the most recent

A. States in which you are licensed to practice

List the state, date the license was originally issued and the license number.

<<Copy, paste, and format text as needed>>

B. Clinical Practice

For each of the categories below, list the current sites of practice, hours per week of attending, and your principal responsibilities. Include any former private practice and the dates.

1. Personal or private practice

<<Copy, paste, and format text as needed>>

2. Teaching practice

<<Copy, paste, and format text as needed>>

C. Hospital Appointments

List your hospital appointments and the dates.

<<Copy, paste, and format text as needed>>

D. Productivity

The business office will provide the School of Medicine's Tenure and Promotions Committee with RVUs/year and billings/year. For each of the categories below, list the number of patients you have seen during the past year and briefly provide any other specific information that will help the Committee evaluate your practice.

1. In-patient clinical activity

<<Copy, paste, and format text as needed>>

2. Out-patient clinical activity

<<Copy, paste, and format text as needed>>

E. Clinical Service Contracts

List any funds received to perform services for the city, county, or state.

<<Copy, paste, and format text as needed>>

F. Clinical Leadership

List positions of leadership you have held such as head of a clinical (e.g. surgical) team, director of a clinical service, head of a division, or chair of a clinical department, and give the dates.

<<Copy, paste, and format text as needed>>

G. Recognition

Briefly describe recognition you have received at the local, state, regional or national level for excellence in clinical activity as evidenced by: awards; requests to write reviews; invitations to speak at meetings, workshops or symposia; letters from experts in your field; institutional peer, resident or student evaluations; and patient surveys or letters. Provide no more than three (3) unsolicited letters or comments from patient satisfaction surveys in Appendix C.

<<Copy, paste, and format text as needed>>

H. Innovation

Summarize in 100 words or less your role in the development of new clinical techniques, services, therapies, or health care delivery systems that have improved the health of the population you have served. Include how you evaluated the effectiveness (quality, utilization, access, cost, etc) of the care being provided.

<<Copy, paste, and format text as needed>>

I. Industry Sponsored Clinical Trials and Drug Studies

Supply the same information and use the same format as described previously for research grants

<<Copy, paste, and format text as needed>>

ACADEMICALLY-RELATED PUBLIC SERVICE

When dates are requested throughout, please list in chronological order ending with the most recent

Administrative Service

A. Elected, Appointed or Voluntary Positions

For each of the following categories, list the organizations, task forces, committees or programs on which you have served, the beginning and ending dates of your service, any offices you held, and whether you were elected, appointed or volunteered for that service (e.g. Admissions Committee, 1999-present, appointed).

1. Departmental

<<Copy, paste, and format text as needed>>

2. Institutional (School of Medicine and TTUHSC)

<<Copy, paste, and format text as needed>>

3. Hospital

<<Copy, paste, and format text as needed>>

4. State and Regional (e.g. Southern Group on Educational Affairs)

<<Copy, paste, and format text as needed>>

5. National and International (e.g. Group on Educational Affairs, Association of American Medical Colleges)

<<Copy, paste, and format text as needed>>

B. Recognition

List service awards you have received and the dates.

<<Copy, paste, and format text as needed>>

C. Innovation

List organizations, task forces, committees or programs you have initiated and the dates of establishment.

<<Copy, paste, and format text as needed>>

Public Service

When dates are requested throughout, please list in chronological order ending with the most recent

A. Elected, Appointed or Voluntary Positions

For each of the following categories, list the organizations, task forces, committees or programs on which you have served, the beginning and ending dates of your service, any offices you held, and whether you were elected, appointed or volunteered for that position (e.g. Lubbock chapter, American Heart Association, 1995-present, voluntary).

1. Local

<<Copy, paste, and format text as needed>>

2. State and Regional

<<Copy, paste, and format text as needed>>

3. National and International

<<Copy, paste, and format text as needed>>

B. Recognition

List public service awards you have received and the dates.

<<Copy, paste, and format text as needed>>

C. Innovation

List public organizations, task forces, committees or programs you have initiated (e.g. Lubbock Task Force for a Smoke-Free Environment) and the dates of establishment.

<<Copy, paste, and format text as needed>>

Other Information

Briefly provide any other information that is pertinent to your professional or public activities. This may include items such as your involvement in religious organizations, former or current military experience, and awards or other pertinent information not mentioned above.

<<Copy, paste, and format text as needed>>

Appendices

A. Teaching Activities

1. Student/Resident Teaching Evaluations

List below and submit no less than three (3) but no more than six (6) resident/student evaluation forms. Please provide a scanned portable data file (pdf) for each.

<<Copy, paste, and format text as needed>>

2. Course Materials Developed

List below and submit no more than one (1) example of course materials developed. Please provide a scanned portable data file (pdf).

<<Copy, paste, and format text as needed>>

3. Student/Resident Letters of Appreciation

List below and submit no more than three (3) unsolicited letters from grateful residents/students that speak to your ability to teach. Please provide a scanned portable data file (pdf) for each.

<<Copy, paste, and format text as needed>>

4. Continuing Medical Education

List below and submit no more than three (3) evaluations of CME activities presented by you. Please provide a scanned portable data file (pdf) for each.

<<Copy, paste, and format text as needed>>

B. Scholarship

List the complete citation below of no more than three (3) of your peer reviewed scholarly works and provide a scanned portable data file (pdf) for each.

<<Copy, paste, and format text as needed>>

C. Clinical Service/Letters of Appreciation

List below and provide no more than three (3) unsolicited letters from colleagues or grateful patients that speak to your clinical practice or comments from patient satisfaction surveys. Please provide a scanned portable data file (pdf) for each.

<<Copy, paste, and format text as needed>>

D. SOM Evaluations

1. Annual Faculty Evaluations

List below and provide no more than the last three (3) years of the Summary Review Reports from your annual evaluation. Please provide a scanned portable data file (pdf) for each.

<<Copy, paste, and format text as needed>>

2. Post Tenure Review (if applicable)

List below and provide the Final Report from your most recent post tenure review, if applicable. Please provide a scanned portable data file (pdf).

<<Copy, paste, and format text as needed>>

Certification

I certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of Applicant

Date

I certify that, to the best of my knowledge, the information contained herein is true and correct.

Signature of Campus Department Chair

Date

<<Original Signed Certification Page must be provided to Faculty Affairs & Development>>