TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Medicine

Curriculum Vitae for Mid-Cycle Review

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 reverse chronological order, beginning with the most recent and ending with the oldest.

Screens: Personal & Contact Information, Education and Yearly Data
Required Field(s):
Personal & Contact Information: First Name, Middle Name, Last Name, Suffix (if any), Campus, email address
Education: Degree, Institution, Highest Degree You Have Earned?, Highest Degree Rank Order
Yearly Data: Calendar Year, School, Department, Contract Type, Faculty Rank, Tenure Status, Full-Time Equivalency

Name: _____ **Date:** _____

Department and Campus: _____

Present Rank: _____

FTE (Full-Time Equivalency): _____

Present Tenure Status: _____

On the following four (4) areas there is no data associated with Digital Measures – faculty will manually check the appropriate boxes.

I am applying for promotion to (Select one of the following):

Associate Professor ☐   Professor ☐

Research Associate Professor ☐   Research Professor ☐

Area of Excellence *(Area to be determined with department chair and substantiated in this CV)* (Check one)

Teaching ☐   Scholarship ☐   Clinical Service ☐

Area(s) of Meaningful Participation *(Must be different from Area of Excellence)*
*If promoting to Professor, must select Scholarship.

Teaching ☐   Scholarship ☐   Clinical Service ☐   Academically-Related Public Service ☐

Applying for tenure?   Yes ☐   No ☐

Workload Information *(Enter the % Effort for each – Percentages must equal 100%)*
Screen: Workload Information
Fields: Calendar Year, Teaching Workload %, Scholarship Workload %, Academically Related Public Service Workload %, Clinical Service Workload %

Calendar Year	Teaching	Scholarship/Research	Clinical Service	Academically-Related Public Service

On the following area there is no data associated with Digital Measures – faculty will manually check the appropriate box.

I have read the HSC OP 60.01 Tenure and Promotion (TTUHSC policy), and SOM OP 20.21, Faculty Tenure and Promotion (SOM policy)   Yes ☐   No ☐

General Information

(Sort in reverse chronological order – most recent to oldest based on end year.)

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.

Screen: Education
Required Fields: Degree, Institution, Location of Institution, Year Completed
Fields that Print on Report: Degree, Institution, Location of Institution, Major/Emphasis/Specialty, Year Completed

Degree	Date	Field	Institution and Location

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.

Screen: Post Doctoral Education (Including Residencies and Fellowships)
Required Fields: Title of Position, Name of Institution, Location of Institution, Start Date, End Date
Fields that Print on Report: Title of Position, Source of Funding, Field, Name of Institution, Location of Institution, Mentor, Start Date, End Date

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

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 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.

Screens: Academic, Government, Military and Professional Positions; Administrative Assignments; Yearly Data; Consulting; External Appointments and Partnerships
Fields:
Academic, Government, Military and Professional Positions: Experience Type, Organization, Department, Location, Title/Rank/Position/Were you Graduate Faculty?, Tenured?, Start Date, End Date
Administrative Assignments: Position/Role, Title of "Other" (if selected Other in Position/Role), Name of Clinic/Dept/Division/Office or Program, Name of Institution, Explanation of "Other" (if selected Other in Name of Institution), Location, Scope, Start Date, End Date
Yearly Data: Calendar Year, School, Department, Does this faculty member have a joint appointment with another school or institution – (if selected yes in this field then complete the following fields), School Name, Explanation of "Other"(if selected Other in School Name), Institution, Explanation of "Other" (if selected Other in Institution), Department/Division/Concentration, Explanation of "Other" (if selected Other in Department/Division/Concentration), Type of Appointment, Explanation of "Other" (if selected Other in Type of Appointment), Date of Appointment, End Date of Appointment (only if there is an end date).
Consulting: Consulting Type, Explanation of "Other" (if selected Other in Consulting Type), Client/Organization, Location, Start Date, End Date
External Appointments and Partnerships: Organization, Description, City, State, Start Date, End Date

D.   Honors

List the honors you have received and the dates (for example, Phi Beta Kappa, 1985; University Distinguished Alumni Award, 2006).

Screen: Awards and Honors
Required Fields: Award or Honor Name, Explanation of "Other" (if selected Other in Award or Honor Name), Organization/Sponsor, Purpose, Scope, Date Received
Fields that Print on Report: Award or Honor Name or Explanation of "Other", Organization/Sponsor, Scope, Date Received, Description/Explanation

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).

Screen: Certifications/Recertifications
Required Fields: Title of Certification, Original Date of Certification, Recertification Date, Expiration Date
Fields that Print on Report: Title of Certification, Sponsoring Organization, Original Date of Certification, Recertification Date, Expiration Date

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)

2.   Elective societies and effective dates

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

3.   Other memberships (not elected) and effective dates

(e.g. American Association for the Advancement of Science, 1992)

G.   Faculty Development

List faculty development courses (FDC) you have attended and include the title and dates.

Teaching

(Sort in reverse chronological order – most recent to oldest based on end year.)

Teaching Workload Information (Should be the same as reported on first page)

Screen: Workload Information
Fields: Calendar Year, Teaching Workload %

Calendar Year: Workload %:

A.   Teaching Academy Membership (include year accepted)

Screen: Professional Memberships
Required Fields: Type of Membership, Explanation of "Other" (if selected Other in Type of Membership), Name of Organization, Scope of Organization, Start Date, End Date
Fields that Print on Report: Name of Organization, Position Held, Position Start Date, Position End Date, Start Date, End Date

B.   Scheduled Teaching

For the following headings the screens and fields are as follows:
Screen: Scheduled Teaching
Required Fields: Year, Course Name, Name of Institution, Explanation of "Other" (if selected Other in Name of Institution), Course Level, Delivery Mode
Fields that Print on Report: Term and Year, Course Name, Course Prefix and Course Number, Section Number, Name of Institution, Explanation of "Other", Course Level, Delivery Mode, Lecture/Topic of Instruction, # of hours of direct instruction/supervision, Official Enrollment Number

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

Course Prefix/Course Number, Course Name; Number of hours of direct instruction; and number of students enrolled.

a.   Other Institutions

b.   Texas Tech University Health Sciences Center

2.   Clinical teaching for medical students, residents and fellows

Topic of instruction; Number of hours of direct instruction or supervision; and number of students enrolled.

a.   Other Institutions

b.   Texas Tech University Health Sciences Center

On the following there is no data associated with Digital Measures – faculty will manually complete.

3.   Total number of hours of direct instruction for past academic year in numbers B.1b & B.2b above

_____

C.   Non-Credit Instruction

For the following headings the screens and fields are as follows:
Screen: Non-Credit Instruction Taught
Required Fields: Instruction Type, Explanation of "Other" (if selected Other in Instruction Type), Name of Institution, Explanation of "Other" Institution (if selected Other in Name of Institution), Audience, Type of Activity, Start Date, End Date
Fields that Print on Report: Instruction Type, Explanation of "Other", Name of Institution, Explanation of "Other" Institution, Title of Course, Course Number, Topic of Instruction/Supervision, Number of Hours of Directed Instruction/Supervision per Year, Type of People Impacted, Number of Participants, Start Date, End Date

1. Continuing Professional/Medical Education

> Topic of instruction; Number of hours of direct instruction per year; and approximate number of professionals impacted.

2. Other Non-Credit Instruction

> Topic of instruction; Number of hours of direct instruction per year; and approximate number of professionals impacted.

3. Educational activities for the lay public

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

Screens: Non-Credit Instruction Taught and Media Contributions
Required Fields:
Non-Credit Instruction Taught: Instruction Type, Explanation of "Other" (if selected Other in Instruction Type), Name of Institution, Explanation of "Other" Institution (if selected Other in Name of Institution), Audience, Type of Activity, Start Date, End Date
Media Contributions: Media Type, Explanation of "Other" (if selected Other in Media Type), Media Name, Date
Fields that Print on Report:
Non-Credit Instruction Taught: Instruction Type, Explanation of "Other", Name of Institution, Explanation of "Other" Institution, Title of Course, Course Number, Topic of Instruction/Supervision, Number of Hours of Directed Instruction/Supervision per Year, Type of People Impacted, Number of Participants, Start Date, End Date
Media Contributions: Media Type, Explanation of "Other", Media Name, Description, Date

D. Mentoring and Advising

1. Graduate Students

Are you a member of the Graduate Faculty?
Screen: Yearly Data
Field: Graduate Faculty

If Graduate Faculty, Date of Appointment:
Screen: Yearly Data
Field: If Graduate Faculty, 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. Give each student's current title/position and location (if known).

Screens: Directed Student Learning (e.g., theses, dissertations), Mentoring and Advising
Required Fields:
Directed Student Learning (e.g., theses, dissertations): Involvement Type, Explanation of "Other" (if selected Other in Involvement Type, Student First Name, Student Last Name, Stage of Completion, Is a Graduate Student?, Name of Institution, Explanation of "Other" (if selected Other in Name of Institution), Date Started, Date Completed
Mentoring and Advising: First Name, Last Name, Classification, Name of Institution, Start Date, End Date
Fields that Print on Report:
Directed Student Learning (e.g., theses, dissertations): Student First Name, Student Last Name, Field of Student, Student's Degree Earned or Explanation of "Other", Student's Degree Date, Name of Institution or Explanation of "Other", Name of Department of Explanation of "Other", Student's Current Position, Student's Current Location, Date Started, Date Completed
Mentoring and Advising: First Name, Last Name, Served as, Name of Institution, Type of Program or Explanation of "Other", Start Date, End Date

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).

For the following headings the screens and fields are as follows:
Screen: Mentoring and Advising
Required Fields: First Name, Last Name, Classification, Name of Institution, Type of Program or Explanation of "Other" Start Date, End Date
Fields that Print on Report: First Name, Last Name, Served as, Name of Institution, Individual's Current Position, Individual's Current Location, Additional Information, Start Date, End Date

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).

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).

5. Mentoring of Faculty

List the name, beginning and ending dates, and approximate number of hours/week of each faculty member for whom you served as a faculty mentor. Give the person's current title/position and location.

Screen: Mentoring and Advising
Required Fields: First Name, Last Name, Classification, If mentoring a faculty member, Start Date, End Date
Fields that Print on Report: First Name, Last Name, Served as, If mentoring a faculty member, Type of Program or Explanation of "Other", Individual's Current Position, Individual's Current Location, Additional Information, Start Date, End Date

E. Enhancement of Teaching Skills

List teaching academy programs or other programs and workshops related to teaching skills that you have attended and include the dates.

Screen: Faculty Development Activities Attended
Required Fields: Activity Type, Explanation of "Other" (if selected Other in Activity Type), Title (if different than Activity Type), Area, City, State, Start Date, End Date
Fields that Print on Report: Activity Type or Explanation of "Other", Title, Sponsoring Organization, City, State, Start Date, End Date

F. Education Administration

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

Screen: Education Administration
Required Fields: Type Directed, Explanation of "Other" (if selected Other in Type Directed), Course/Program Title, Name of Institution, Explanation of "Other" (if selected Other in Name of Institution), Start Date, End Date
Fields that Print on Report: Type Directed or Explanation of "Other", Course/Program Title, Course Prefix and Course Number, Position Title or Explanation of "Other" Position Title, Position Start Date, Position End Date, Name of Institution or Explanation of "Other", Start Date, End Date

G. Education Committees
1. Intramural

List **institutional and hospital** education committees on which you have served (e.g. Education Policy Committee, Core Curriculum Coordination Committee for Graduate School) the dates of your membership, and any offices you have held (e.g. Secretary).

Screen: Administrative Service
Required Fields: Category, Committee Name, Explanation of "Other" (if selected other in Committee Name), Is this an Education Committee?, Start Date, End Date
Fields that Print on Report: Category, Identify Name of Department/Other Institution/Hospital, Committee Name or Explanation of "Other", Position/Role or Explanation of "Other", Position Start Date, Position End Date, Were you Elected, Appointed, or Volunteered?, Start Date, End Date

2. Extramural

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

Screen: Extramural Educational Committees
Required Fields: Committee Name, Category, Position/Role, Explanation of "Other" (if selected Other in Position/Role), Start Date, End Date
Fields that Print on Report: Committee Name, Category, Position/Role or Explanation of "Other", City, State, Were you Elected, Appointed, or Volunteered?, Start Date, End Date

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. Provide 1 or 2 sentences of innovation significance.

Screen: Innovations in Education
Required Fields: Type Developed, Explanation of "Other" (if selected Other in Type Developed), Name of Course/Program, Name of Institution, Date Initiated
Fields that Print on Report: Type Developed or Explanation of "Other", Name of Course/Program, Name of Institution or Explanation of "Other", Description of Innovation, Course Prefix and Course Number, Date Initiated

I.   Education Awards

List teaching awards you have received and the dates.

Screen: Awards and Honors
Required Fields: Award or Honor Name, Explanation of "Other" (if selected Other in Award or Honor Name), Organization/Sponsor, Purpose, Scope, Date Received
Fields that Print on Report: Award or Honor Name or Explanation of "Other", Organization/Sponsor, Scope, Date Received, Description/Explanation

Scholarship

(Sort in reverse chronological order – most recent to oldest based on end year.)

Scholarship Workload Information (Should be the same as reported on first page)

Screen:	Workload Information
Fields:	Calendar Year, Teaching Workload %

Calendar Year: Workload %:

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.

Screen: Summary of Scholarly Activity
Fields: Summary (100 words or less), Date

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 (reverse chronological order, ending with the earliest). **Place an asterisk (*) before those that received peer review.** Give <u>all</u> of the authors' names in the order in which 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, **Gyorke I,** Wiesner TF , and <u>Gyorke S</u>. (2001). Potentiation of Ca^{2+} release by cADP-ribose in the heart is mediated by enhanced SR Ca^{2+} uptake into the sarcoplasmic reticulum. *Circ. Res.* 89, 614-622.

Screen: Intellectual Contributions
Required Fields: Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Authors, Journal, Volume, Issue Number/Edition, Page Numbers or Number of Pages, Was this Peer-Reviewed/Refereed?, Date Published
Fields that Print on Report: Title of Contribution, Authors, Journal, Volume, Issue Number/Edition, Page Numbers or Number of Pages, PubMed Central ID Number, Date Published

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.**

Screen: Intellectual Contributions
Required Fields: Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Authors, Journal, Date Accepted
Fields that Print on Report: Title of Contribution, Authors, Journal, Date Accepted

3.   Articles and case reports submitted

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

Screen: Intellectual Contributions
Required Fields: Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Authors, Journal, Date Submitted
Fields that Print on Report: Title of Contribution, Authors, Journal, Date Submitted

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 (reverse chronological order, ending with the earliest). 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, <u>Schwartz A</u>. (1968). *Functional Dynamics of the Cell,* 482 pp., Academic Press, New York and London.

<u>**Niemann H**</u>. Molecular biology of clostridial neurotoxin. *In: Sourcebook of Bacterial Protein Toxins* , (1991). Alouf , JE and J Freer (eds), Academic Press, London, pp. 299-344.

a. Book: New or Revised, Instructor's Manual or Monograph

<u>**Screen:**</u> Intellectual Contributions
<u>**Required Fields:**</u> Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Authors, Publisher, City and State of Journal/Publisher, Page Number or Number of Pages, Date Published
<u>**Fields that Print on Report:**</u> Title of Contribution, Authors, Publisher, City and State of Journal/Publisher, Page Number or Number of Pages, Date Published

b. Book-Chapter: New or Revised or Conference Proceeding

<u>**Screen:**</u> Intellectual Contributions
<u>**Required Fields:**</u> Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Title of Larger Work, Authors, Publisher, City and State of Journal/Publisher, Page Number or Number of Pages, Editor(s), Date Published
<u>**Fields that Print on Report:**</u> Title of Contribution, Title of Larger Work, Authors, Publisher, City and State of Journal/Publisher, Page Number or Number of Pages, Editor(s), Date Published

5. Abstracts

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

<u>**Screen:**</u> Intellectual Contributions
<u>**Required Fields:**</u> Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Authors, Journal, Volume, Issue Number/Edition, Page Number or Number of Pages, Date Published,
<u>**Fields that Print on Report:**</u> Title of Contribution, Authors, Journal, Volume, Issue Number/Edition, Page Numbers or Number of Pages, PubMed Central ID Number, Date Published

6. Other Publications (not covered above)

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

<u>**Screen:**</u> Intellectual Contributions
<u>**Required Fields:**</u> Contribution Type, Explanation of "Other" (if selected Other in Contribution Type), Current Status, Title of Contribution, Authors, Journal, Volume, Issue Number/Edition, Page Number or Number of Pages, Date Published,
<u>**Fields that Print on Report:**</u> Title of Contribution, Authors, Journal, Volume, Issue Number/Edition, Page Numbers or Number of Pages, Date Published

C. Presentations/Exhibits/Productions

List the <u>invited or accepted</u> presentations/exhibits/productions/lectures you have given at international or national meetings, symposia, workshops or Gordon Conferences, and <u>invited or accepted</u> lectures presented at other institutions (reverse chronological order, ending with the earliest). 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.**

<u>**Screen:**</u> Presentations
<u>**Required Fields:**</u> Conference/Meeting Name, Presenter/Authors, Scope, Was this Peer-Reviewed/Refereed?, Invited or Accepted?, Is this Scholarship Related to Medical Education?, Date
<u>**Fields that Print on Report:**</u> Conference/Meeting Name, Presentation Title, Sponsoring Organization, Location, Presenters/Authors, Date

D. Patents

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

<u>**Screen:**</u> Intellectual Property (e.g., copyrights, patents)
<u>**Required Fields:**</u> Patent Title, Inventors, Date Patent Approved
<u>**Fields that Print on Report:**</u> Patent Title, Inventors, Date of Patent Application, Date Patent Approved

E.   Extramural Professional Service

In reverse 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.   Editor or Member of editorial boards (e.g. *Circulation Research*)

Screen: Extramural Professional Service
Required Fields: Name of Journal, Organization, Board, etc., Position/Role, Start Date, End Date
Fields that Print on Report: Name of Journal, Organization, Board, etc., Member Type, Position/Role or Explanation of "Other", Start Date, End Date

2.   Manuscript reviewer

Screen: Extramural Professional Service
Required Fields: Name of Journal, Organization, Board, etc., Position/Role, Start Date, End Date
Fields that Print on Report: Name of Journal, Organization, Board, etc., Member Type, Start Date, End Date

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

Screen: Extramural Professional Service
Required Fields: Name of Journal, Organization, Board, etc., Position/Role, Start Date, End Date
Fields that Print on Report: Name of Journal, Organization, Board, etc., Member Type, Start Date, End Date

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

Screen: Extramural Professional Service
Required Fields: Name of Journal, Organization, Board, etc., Position/Role, Start Date, End Date
Fields that Print on Report: Name of Journal, Organization, Board, etc., Member Type, Position/Role or Explanation of "Other", Start Date, End Date

5.   Officer or committee member of scientific or professional organizations or program organizer

Screen: Extramural Professional Service
Required Fields: Name of Journal, Organization, Board, etc., Position/Role, Start Date, End Date
Fields that Print on Report: Name of Journal, Organization, Board, etc., Member Type, Position/Role or Explanation of "Other", Start Date, End Date

6.   Other Extramural Professional Service

Screen: Extramural Professional Service
Required Fields: Name of Journal, Organization, Board, etc., Position/Role, Start Date, End Date
Fields that Print on Report: Name of Journal, Organization, Board, etc., Member Type, Position/Role or Explanation of "Other", Start Date, End Date

F.   Grants to Support Scholarly Work

Under the categories listed below, list each grant or contract on which you were a principal investigator, co-principal 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 direct cost and total cost 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, Doe J (Principal); Smith B (Co-Investigator) Mechanisms of cardiac arrhythmias, 30% effort, $1,000,000.

For the following headings/subheadings the screens and fields are as follows:
Screen: Contracts, Grants and Sponsored Research
Required Fields: Contract/Grant/Research Type, Explanation of "Other" (if selected Other in Contract/Grant/Research Type), Contract/Grant/Research Title, Awarding Agency, Investigators, Role, Status, Was this Grant or Contract Peer Reviewed?, Is this Scholarship Related to Medical Education?, Start Date of Funding, End Date of Funding
Fields that Print on Report: Contract/Grant/Research Type or Explanation of "Other", Contract/Grant/Research Title, Grant Number, Awarding Agency or Explanation of "Other", Investigators, Role, Percent Effort, Amount Funded, Direct Cost, Start Date of Funding, End Date of Funding

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

2.   Extramural awards

a.   Local but not from TTUHSC

      b.   **State and/or regional**

      c.   **National and/or international**

3.   **Grants submitted and pending approval**

> Give the date of submission.

> **Screen:** Contracts, Grants and Sponsored Research
> **Required Fields:** Contract/Grant/Research Type, Explanation of "Other" (if selected Other in Contract/Grant/Research Type), Contract/Grant/Research Title, Awarding Agency, Explanation of "Other" (if selected Other in Awarding Agency), Investigators, Role, Status, Was this Grant or Contract Peer Reviewed?, Is this Scholarship Related to Medical Education?, Date Submitted for Funding
> **Fields that Print on Report:** Contract/Grant/Research Type or Explanation of "Other", Contract/Grant/Research Title, Grant Number, Awarding Agency or Explanation of "Other", Investigators, Role, Percent Effort, Amount Funded, Direct Cost, Date Submitted for Funding

4.   **Grants submitted but not funded**

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

> **Screen:** Contracts, Grants and Sponsored Research
> **Required Fields:** Contract/Grant/Research Type, Explanation of "Other" (if selected Other in Contract/Grant/Research Type), Contract/Grant/Research Title, Awarding Agency, Explanation of "Other" (if selected Other in Awarding Agency), Investigators, Role, Status, Was this Grant or Contract Peer Reviewed?, Is this Scholarship Related to Medical Education?, Date Submitted for Funding
> **Fields that Print on Report:** Contract/Grant/Research Type or Explanation of "Other", Contract/Grant/Research Title, Grant Number, Awarding Agency or Explanation of "Other", Investigators, Role, Percent Effort, Amount Funded, Direct Cost, Date Submitted for Funding

G.   Recognition

> List scholarship/research awards you have received and the dates.

> **Screen:** Awards and Honors
> **Required Fields:** Award or Honor Name, Explanation of "Other" (if selected Other in Award or Honor Name), Organization/Sponsor, Purpose, Scope, Date Received
> **Fields that Print on Report:** Award or Honor Name or Explanation of "Other", Organization/Sponsor, Scope, Date Received, Description/Explanation

Clinical Service

(Sort in reverse chronological order – most recent to oldest based on end year.)

Clinical Service Workload Information (Should be the same as reported on first page)

Screen: Workload Information
Fields: Calendar Year, Clinical Service Workload %

Calendar Year: Workload %:

A. States in which you are licensed to practice

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

Screen: Licensures
Required Fields: Title of License, State, Active?, License Issued Date
Fields that Print on Report: Title of License, State, License Issued Date, License #, Active?

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.

For the following headings the screens and fields are as follows:
Screen: Clinical Practice
Required Fields: Type of Practice, Sites of Practice, Start Date, End Date
Fields that Print on Report: Sites of Practice, Number of Hours Per Week of Attending, Principal Responsibilities, Start Date, End Date

1. Personal or private practice

2. Teaching practice

C. Hospital Appointments

List your hospital appointments and the dates.

Screen: Hospital Appointments
Required Fields: Name of Hospital, Start Date, End Date
Fields that Print on Report: Name of Hospital, Start Date, End Date

D. Productivity

For each of the categories below, list the number of patients you have seen in the most recent year (only one year is needed) and briefly provide any other specific information that will help the Committee evaluate your practice.

For the following headings the screens and fields are as follows:
Screen: Productivity
Required Fields: Calendar Year, Category, Number of Patients per Year
Fields that Print on Report: Calendar Year, Number of Patients per Year, Explanation of Clinical Activity

1. In-patient clinical activity

2. Out-patient clinical activity

E. Clinical Service Contracts

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

Screen: Clinical Service Contracts
Required Fields: Calendar Year, Name of Service Contract
Fields that Print on Report: Calendar Year, Name of Service Contract, Name of Contractor, Level of Service, Amount

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.

Screen: Clinical Leadership
Required Fields: Position of Leadership, Explanation of "Other" (if selected Other in Position of Leadership), Site of Practice, Explanation of "Other (if selected Other in Site of Practice), Start Date, End Date
Fields that Print on Report: Position of Leadership or Explanation of "Other", Site of Practice or Explanation of "Other", Department or Explanation of "Other", Start Date, End Date

G.   Clinical Committees
1.   Intramural

List **institutional and hospital** clinical committees on which you have served (e.g. Performance Improvement Committee, UMC Cancer Committee) the dates of your membership, and any offices you have held (e.g. Secretary).

Screen: Administrative Service
Required Fields: Category, Committee Name, Explanation of "Other" (if selected other in Committee Name), Is this a Clinical Committee?, Start Date, End Date
Fields that Print on Report: Category, Identify Name of Department/Other Institution/Hospital, Committee Name or Explanation of "Other", Position/Role or Explanation of "Other", Position Start Date, Position End Date, Were you Elected, Appointed, or Volunteered?, Start Date, End Date

2.   Extramural

List **local, state, regional and national** clinical committees on which you have served (e.g. Texas Department of Health Osteoporosis Advisory Committee, Nomination Committee for American Association for Pediatric Ophthalmology), the dates of your membership, and any offices you have held (e.g. Secretary).

Screen: Public Service
Required Fields: Organization/Committee Name, Category, Is this a Clinical Committee?, Position/Role, Explanation of "Other" (if selected Other in Position/Role), Start Date, End Date
Fields that Print on Report: Organization/Committee Name, Category, Position/Role or Explanation of "Other", City, State, Were you Elected, Appointed, or Volunteered?, Start Date, End Date

H.   Recognition

List clinical awards you have received at the local, state, regional or national level and the dates.

Screen: Awards and Honors
Required Fields: Award or Honor Name, Explanation of "Other" (if selected Other in Award or Honor Name), Organization/Sponsor, Purpose, Scope, Date Received
Fields that Print on Report: Award or Honor Name or Explanation of "Other", Organization/Sponsor, Scope, Date Received, Description/Explanation

I.   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.

Screen: Clinical Innovation
Required Fields: Summary of Innovation, Date
Fields that Print on Report: Summary of Innovation, Date

J.   Industry Sponsored Clinical Trials and Drug Studies

Under the category listed below, list each grant or contract on which you were a principal investigator, co-principal or co-investigator (not consultant) obtained to support your clinical trials. 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. Please use the format of the following example.

Pfizer, P34567, July 1998 – June 2003, Doe J (Principal), Smith B (Co-Investigator), Effectiveness of Dronedarone in Atrial Fibrillation, 30% effort, $1,000,000.

Screen: Contracts, Grants and Sponsored Research
Required Fields: Contract/Grant/Research Type, Contract/Grant/Research Title, Awarding Agency, Explanation of "Other" (if selected Other in Awarding Agency), Investigators, Role, Project Type, Status, Start Date of Funding, End Date of Funding
Fields that Print on Report: Contract/Grant/Research Title, Grant Number, Awarding Agency or Explanation of "Other", Investigators, Role, Percent Effort, Direct Cost, Start Date of Funding, End Date of Funding

Academically-Related Public Service

(Sort in reverse chronological order – most recent to oldest based on end year.)

Academically-Related Public Service Workload Information (Should be the same as reported on first page)

Calendar Year: Workload %:

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
        a.   Current

        b. Previous

    2.   School of Medicine
        a.   Current

        b.   Previous

    3.   Texas Tech University Health Sciences Center
        a.   Current

        b.   Previous

    4.   Other Institutional Committees
        a.   Current

        b.   Previous

    5.   Hospital
        a. Current

        b. Previous

B.   Recognition

List service awards you have received and the dates.

Screen: Awards and Honors
Required Fields: Award or Honor Name, Explanation of "Other" (if selected Other in Award or Honor Name), Organization/Sponsor, Purpose, Scope, Date Received
Fields that Print on Report: Award or Honor Name or Explanation of "Other", Organization/Sponsor, Scope, Date Received, Description/Explanation

C.   Innovation

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

Screen: Administrative Service
Required Fields: Category, Committee Name, Explanation of "Other" (if selected Other in Committee Name), Was this a Self-Initiated Committee, Organization, etc.?, If yes, Date of Establishment
Fields that Print on Report: Committee Name or Explanation of "Other", Position/Role or Explanation of "Other", If yes, Date of Establishment

Public Service

(Sort in reverse chronological order – most recent to oldest based on end year.)

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).

For the following headings/subheadings the screens and fields are as follows:
Screen: Public Service
Required Fields: Organization/Committee Name, Category, Is this a Clinical Committee?, Start Date, End Date
Fields that Print on Report: Organization/Committee Name, Position/Role or Explanation of "Other", Position Start Date, Position End Date, Were you Elected, Appointed, or Volunteered?, Start Date, End Date

    1.   Local
       a.   Current

       b.   Previous

    2.   State and Regional
       a.   Current

       b.   Previous

    3.   National and International
       a.   Current

       b.   Previous

B.   Recognition

List public service awards you have received and the dates.

Screen: Awards and Honors
Required Fields: Award or Honor Name, Explanation of "Other" (if selected Other in Award or Honor Name), Organization/Sponsor, Purpose, Scope, Date Received
Fields that Print on Report: Award or Honor Name or Explanation of "Other", Organization/Sponsor, Scope, Date Received, Description/Explanation

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.

Screen: Public Service
Required Fields: Organization/Committee Name, Category, Was this a Self-Initiated Committee, Organization, etc.?, If yes, Date of Establishment
Fields that Print on Report: Organization/Committee Name, Position/Role or Explanation of "Other", If yes, Date of Establishment

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.

Screen: Other Information Narrative
Required Fields: Other Information, Date
Fields that Print on Report: Other Information, Date

Certification

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

_____   _____
Signature of Applicant   Date