

**CHECKLIST OF DOCUMENTS FOR APPRAISALS – NON SENATE HEALTH SCIENCES ASSISTANT CLINICAL PROFESSOR SERIES**

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Consult SOM for details on how to complete these required parts of the review.

- A. Checklist of Documents in File
- B. Signed Procedural Safeguards Statement
- C. Department Chair's Letter (*optional*) (*confidential*)
- D. Departmental Recommendation Letter (*must include vote*)
- E. Candidate's response to the Departmental Recommendation Letter (*optional*)
- F. Candidate's Self-Statement (*optional but strongly encouraged*)
- G. Candidate's Response to material in the file (*optional*)
- H. Student Letters Evaluating Teaching (*required if non-confidential teaching evaluations are not provided*)
  - Solicitation letter or statement as to how obtained
- I. Updated Curriculum Vitae (*with publications and/or creative activity since appointment*)
- J. Professional Activity and Service (*since Appointment, include the current year*)
- K. University and Public Service (*since Appointment, include the current year*)
- L. Grant Activity (*if applicable, since Appointment, include the current year*)
- M. Student Evaluation of Teaching (*include evaluations since time of appointment to the Assistant Rank within the UC system*)
- N. Other - Confidential (*specify item(s) below*):  
\_\_\_\_\_
- O. Other - Non-confidential (*specify item(s) below*):  
\_\_\_\_\_

**FILE TRACKING**

Description	Date	Initials	Comments

**Additional Remarks** (if applicable): Attach a separate sheet