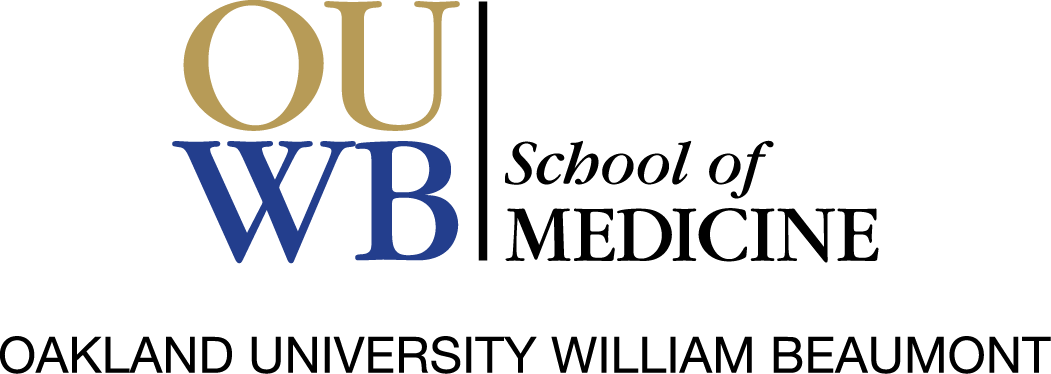
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**Departmental CAPT Appointment Form**

|  |
| --- |
| **DCAPT Members** |
| 1. Chair: |
| 2. |
| 3. |
| 4. |
| 5. |
| Ex-officio: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Candidates Name:** |  | | | | |
| **Department Name:** |  | | | | |
| **Recommendation:** | ☐ Appointment ☐ Tenure | | | | |
| **Type of Appointment** | ☐ Standard ☐ Tenure Track ☐ Tenured  ☐ Adjunct ☐ Secondary ☐ Emeritus | | | | |
| **Recommended Rank** | ☐ Instructor: | | This is the entry-level rank for the School of Medicine. This rank is appropriate for those who have the potential for academic advancement. Candidates for appointment must have an appropriate terminal degree relevant to the discipline under consideration. | | |
| ☐ Assistant: | | Must have earned a doctoral degree or the the equivalent thereof. A master’s degree is recognized as the terminal degree for faculty with a Librarian focus. | | |
| ☐Associate: | | Must have completed a minimum of **five years** as an assistant professor or equivalent at the time the review is initiated, although early promotion may be considered. Faculty members may receive an initial tenured or non tenured appointment within the school of medicine or a combination of academic achievement and equivalent achievement in government service or the private sector. | | |
| ☐ Professor | | Must have completed a minimum of **five years** as an associate or equivalent at the time the review for promotion is initiated, although early promotion may be considered. Faculty members may receive an initial tenured or non tenured appointment within the school of medicine based upon high academic achievement at another school of medicine or a combination of academic achievement and equivalent achievement in government service or the private sector. | | |
| **Recommended Focus** | ☐Investigator ☐Educator ☐Clinician  ☐ Clinician-Educator ☐ Clinician-Investigator ☐Librarian | | | | |
| **Commitment/Contribution to Medical School** |  | | | | |
| **Years at OUWB at current rank** |  | | | | |
| **Department CAPT Review/Appointment Vote** | #Yes |  | | #No |  |

***Additional guidelines are outlined in the Handbook for the Faculty***

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Departmental CAPT Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_