

UNIVERSITY OF CALIFORNIA, DAVIS, SCHOOL OF MEDICINE

VOLUNTEER CLINICAL PROFESSOR PROMOTION PROPOSAL

Name and Degree _____

Department _____

Joint Department(s) _____

Current Rank _____ Proposed Rank _____

Date Appointed to Clinical Faculty _____ Date Appointed to Current Rank _____

*Please attach **ORIGINAL** Volunteer Clinical Professor Worksheets describing amount and type of teaching participation over current review period.*

Board Certified _____ Eligible _____ Specialty _____

Groups of Health Personnel Taught

What meritorious contributions to the medical or scientific community has the appointee made that supports this promotion request?

Describe Type of Participation Anticipated for the Future

Additional Comments From Department Chair, Division Chief, or Volunteer Clinical Professor Committee

Division Chief's Signature (if applicable) _____ Date _____

Department Chair's Signature _____ Date _____

Joint Department Chair's Signature _____ Date _____

Dean's Office Use Only

Promotion Approved _____

Promotion Not Approved _____

Comments:

Associate Dean's Signature

Date