UNIVERSITY OF CALIFORNIA, DAVIS, SCHOOL OF MEDICINE

VOLUNTEER CLINICAL FACULTY 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 Faculty 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 Faculty Committee

Division Chief's Signature (if applicable) ___________________________ Date ________________

Department Chair's Signature _________________________________ Date ________________

Joint Department Chair's Signature _________________________________ Date ________________

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Dean's Office Use Only

Promotion Approved______  Promotion Not Approved______

Comments:

_________________________                  ___________________________
Associate Dean's Signature                        Date