

**GUIDELINES FOR CLINICAL FACULTY EVALUATION,
REAPPOINTMENT, PROMOTION AND MERIT**

COLLEGE OF HEALTH PROFESSIONS

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Introduction

Towson University offers selected clinical/professional academic programs that lead to degrees in applied fields such as healthcare, human services, teaching, information technology, applied science and business which include a substantial number of courses with laboratory application of skills for the profession and/or clinicals, practicum courses and internships. Graduates of such programs typically are eligible to become licensed or certified in their profession following degree completion. The professional skill development and application-to-practice elements of these clinical/professional programs benefit from the involvement of faculty with demonstrated professional clinical excellence and currency in their field who can facilitate students' knowledge, skills, and judgment in the profession. Therefore, these non-tenure-track faculty members are hired with a high-level of clinical/professional expertise and demonstrated clinical teaching skills and are hired with the designation of Clinical Faculty. The 02-01.08 POLICY FOR CLINICAL FACULTY EVALUATION, REAPPOINTMENT, PROMOTION, AND MERIT (which references the TU ART document) and the CHP Guidelines for Clinical Faculty establish procedures for evaluation, reappointment, and merit for Clinical Faculty.

I. General Principles (note: quoted and/or edited from TU ART Policy Appendix 3) and POLICY FOR CLINICAL FACULTY EVALUATION, REAPPOINTMENT, PROMOTION, AND MERIT (02-01.08)

It is neither feasible nor practical to identify in these policies each of the factors to be considered in evaluating faculty for promotion and reappointment. The evaluative process requires the exercise of sound judgment, confidential deliberation and knowledge of the University, its educational mission and objectives. Many and varied factors are considered in the decisional process including, among others, teaching, research, scholarship, scholarly growth and potential, creative activity and service. Accordingly, the evaluative criteria referenced in these policies are not exclusive and will be considered together with other factors deemed necessary to a thoroughly considered and well-informed decision.

II. Clinical Faculty at Towson University - Description

1. Non-tenure-track clinical faculty members are expected to provide learning experiences and supervision for students in clinical/professional programs in their specialized practice areas as well as service that meets the goals of their department/university. Clinical faculty members are required to sustain a high level of clinical/professional excellence.
2. Clinical faculty members have the protections of academic freedom, due process and fair compensation provided to all Towson faculty members.
3. Clinical faculty participate as voting members in department matters relating to the academic programs in which they are involved excepting matters relative to reappointment, tenure, or promotion of tenured and tenure-track faculty. They may have a role in merit

recommendations for other faculty, depending upon department policies regarding merit committee structure.

4. They also may serve on College committees in accordance with the Constitution and bylaws of the College and on selected University committees based on applicable membership policies.
5. Definitions
 - a. Clinical Faculty Ranks
 "Clinical Faculty" means Clinical Assistant Professors, Clinical Associate Professors, and Clinical Professors, none of whom are eligible for tenure, all as defined in section VI.B.3.c. of the ART Policy (p. 16).
 - b. Clinical faculty titles are granted only to teaching personnel who are associated with teaching departments or units.
 - c. The prefix "Permanent Part Time" may be applied to any of the ranks as defined as "working at least two (2) days per work week for at least 50 percent but not more than 80 percent of the normal workweek for that position." Permanent part-time faculty are entitled to the same benefits as full-time faculty, but on a pro rata basis.
 - d. Clinical faculty appointments may be made with conditional elements (such as visiting).
 - e. "Clinical/Professional Excellence" is defined as expertise that reflects currency in evidenced-based and/or theory-based practice and is validated by the professional community, as determined by the college.

III. Criteria for Appointment of Clinical Faculty are:

A. Clinical Assistant Professor

Appointment at the Clinical Assistant Professor rank requires a minimum of:

1. A master's degree in the field and, where appropriate, certification or licensure in the field.
2. Three years of clinical/professional experience in the area of the discipline in which the appointment is being made and evidence of currency in clinical/professional practice.
3. Demonstrated competence in clinical/professional teaching in the discipline.

B. Clinical Associate Professor

In addition to the qualifications required of a Clinical Assistant Professor, the Clinical Associate Professor rank requires:

1. Evidence of extensive successful experience in clinical/ professional practice in a field of specialization within the discipline and in working with and/or directing others (such as

professionals, faculty members, graduate students) in clinical/professional activities in the field.

2. Evidence of a substantial history of superior clinical teaching ability and scholarly or administrative accomplishments in or related to the clinical/professional program.
3. Evidence of effective and substantial service to the institution and the community and/or the profession.

C. Clinical Professor

In addition to the qualifications required of a Clinical Associate Professor, the Clinical Professor rank requires:

1. Evidence of a high degree of excellence in clinical/professional practice and teaching sufficient to establish an outstanding regional and national reputation among colleagues.
2. Evidence of extraordinary scholarly competence and leadership in the profession.
3. Continuing evidence of effective and substantial service to the institution and the community and/or the profession.
4. The terminal degree in the applicable clinical/professional field. (A doctoral degree is required.)

IV. Expectations

- A. Faculty in clinical positions are held to the following basic standards and expectations required for all faculty at Towson University. Common workload expectations include:
 1. Commitment to collegiality and academic citizenship, demonstrating high standards of humane, ethical, and professional behavior.
 2. Primary concern with teaching effectiveness.
 3. Commitment to meet classes as scheduled and be available for advising and consultation through office hours.
 4. Commitment to support the mission, strategic plan, and programs at the Department, College, and University levels.
 5. Commitment to a discipline or interdisciplinary specialty and to continued professional development and scholarly growth (scholarship should be closely related to the clinical areas of expertise and responsibilities).
 6. Willingness to share in the responsibility of faculty governance and to participate each year in the faculty evaluation process.

B. Role Expectations

1. Clinical Faculty must maintain or attain licensure and/or certification (as appropriate).
2. Unless they are permanent part-time status, clinical faculty will ordinarily be expected to assume the equivalent of an 8 course unit teaching load primarily in their area of clinical/professional expertise. A majority of their teaching responsibilities will be in clinical/professional practice courses in clinical/professional programs and, as appropriate, will include lab teaching and/or direct clinical/professional teaching and/or clinical/professional supervision. Clinical faculty will have advising responsibilities in accordance with department expectations.
3. Workload percentages for Clinical Faculty members' teaching, scholarship, and service responsibilities are similar to those of tenured/tenure-track faculty with an 8 course unit instructional load.
4. Clinical faculty will have a well-defined area of clinical expertise and will strive to achieve ongoing clinical excellence. Teaching, scholarship, and service contributions should incorporate activities that use this clinical/professional expertise/excellence. Scholarship should be closely related to the areas of expertise and responsibilities.

Examples of clinical/professional excellence as demonstrated in teaching, scholarship and service include:

- a. Demonstrated excellence in clinical/professional teaching or supervision/mentoring (via peer and student evaluations, awards, peer-reviewed presentations and publications, etc.).
- b. Demonstrated excellence in current clinical/professional practice (e.g. certifications, awards, special recognitions, supervisor and peer evaluations, etc.).
- c. Dissemination of clinical knowledge and expertise through publications, presentations, written reports of scholarly work, or other scholarly activities. The dissemination of these scholarly contributions may be at the local/state/regional level, national or international level and may include requests from peers, professionals, or community members to share clinical knowledge and expertise in a professional forum or via consultation.
- d. Involvement in service activities on and off campus that use the faculty member's clinical/professional expertise (e.g., committees, programs, consultations, etc.) with a substantial impact attributed to the faculty member.

V. Evaluation of Clinical Faculty for Reappointment, Merit, and Promotion

- A. Clinical faculty will have workload agreements, which are approved by the Department Chairperson and Dean.
- B. Clinical faculty will follow the standard promotion, reappointment, and merit process for submitting workload and annual report documents.

- C. Clinical faculty will follow the *Promotion, Reappointment, and Merit Calendar for Clinical Faculty*.
- D. Clinical faculty will be evaluated annually for merit using approved Department criteria in the areas of teaching and advising, scholarship, and service as is appropriate for clinical faculty. Clinical faculty must include evidence of currency/excellence in clinical practice in the area(s) of clinical/professional teaching/supervision.
- E. Clinical faculty may be evaluated for re-appointment and three-year contracts and for promotion in accordance with Department, College, and University documents.

VI. Criteria and Process for Evaluation and Reappointment of Clinical Faculty

Clinical faculty will be evaluated annually for reappointment based upon fulfillment of expectations for the position.

- A. Department Clinical Evaluation Committee structure for evaluation of Clinical faculty
 - 1. Department–level evaluation of clinical faculty for reappointment and merit will be conducted by the appropriate Department Promotion Reappointment and Merit Committee (Clinical Evaluation Committee), but with the inclusion of at least one faculty member at the rank of Clinical Assistant Professor or higher who has a multi-year contract (or three or more consecutive one-year contracts). Clinical faculty on such committees are voting members.
 - 2. Department–level evaluation of clinical faculty for promotion and/or a multi-year contract will be conducted by the appropriate Department Promotion Reappointment and Merit Committee (Clinical Evaluation Committee), but with the inclusion of at least one faculty member at the rank of Clinical Associate Professor (or Clinical Professor if the department has one).
- B. Reappointment processes:
 - 1. All clinical faculty will submit an evaluation portfolio for review (as per the guidelines for tenured and tenure-track faculty, but also including evidence of clinical excellence) by the date required in the calendar.
 - 2. All clinical faculty members will be evaluated in January of their first year of appointment for recommendation regarding reappointment and merit for the following academic year. Note that recommendations at this initial evaluation are limited to consideration for base or no merit, and do not include the category of base plus merit.
 - 3. Thereafter, evaluation of the full prior year’s performance will occur in the fall of the following academic year.
 - 4. All reappointments require the approval of the college dean, with reappointment made by the Provost.
 - 5. Reappointment is contingent upon meeting the following criteria:

- a. Departmental need, which may be influenced by the number of students in the program and area of specialty.
- b. Satisfactory performance of the clinical faculty member in teaching, advising, scholarship, and service.
- c. Evidence of on-going clinical excellence in the area(s) in which they are engaging in clinical/professional teaching/supervision, scholarship, and/or service.

C. Three-year contract recommendations

1. Initial three-year contracts and subsequent but not immediate consecutive three-year contracts:

Upon request by the clinical faculty member, clinical faculty at the rank of Clinical Assistant Professor and higher may be considered for a three-year contract as follows:

- a. The clinical faculty member at least meets the following college-level criteria: has had three consecutive positive annual reviews of performance in the immediate past three years as a clinical faculty member by both the department committee and department chairperson. Positive annual reviews include at least satisfactory performance in all three aspects of the clinical faculty role and evidence of sustained clinical/professional excellence.
- b. The Clinical Faculty member must request review for consideration of a three-year contract at least by the third Friday in September in the year prior to beginning of the three-year contract.
- c. The Clinical Faculty member submits a summative evaluation portfolio reflecting accomplishments in teaching, advising, scholarship, service, and evidence of ongoing Clinical/Professional Excellence. The portfolio is organized as set forth in section I.B.3.e of the ART Policy.
- d. The department Clinical Evaluation Committee and department chairperson may recommend reappointment for a three- year contract based on the criteria in VI.C. and department-based criteria. Recommendation is also based on department need as noted in VI.C.1.

A three-year contract requires a positive recommendation of both the department Clinical Evaluation Committee and the Department Chairperson. The Dean of the College also must support a recommendation of a three-year contract prior to the request being forwarded to the Provost. Three-year contracts are granted upon approval of the Provost.

2. Immediate consecutive three-year contracts:

To request review for an immediate consecutive three-year contract after the initial three-year contract, the clinical faculty member submits a summative evaluation portfolio by the second Friday of January of the second year (following the format of materials to

submit for a comprehensive five year review for tenured faculty). The summative evaluation content will follow the same guidelines as the comprehensive five-year review for tenured faculty. The portfolio is organized as set forth in section I.B.3.e of the TU ART Policy. A three-year contract requires a positive recommendation of the Clinical Evaluation Committee, the Department Chairperson and the Dean.

VII. Merit Recommendations

- A. Merit review shall be concurrent with annual review. All clinical faculty, regardless of length of contract appointment, will be evaluated annually for merit.
- B. The criteria for merit for clinical faculty:
 - 1. follow University, College, and Department guidelines and standards, and
 - 2. include evidence of clinical excellence.

VIII. Promotion Recommendations

- A. Clinical faculty at all ranks (except Clinical Professor) are eligible for review for promotion.
- B. The minimum number of years in rank is six years full-time University teaching for Clinical Associate Professors and a minimum of ten years for Clinical Professor. Review will normally occur no earlier than the sixth-year in a clinical faculty position.
- C. An earned doctoral degree is required for promotion to the Clinical Professor rank.
- D. The department Clinical Evaluation Committee and the chairperson both make recommendations regarding the promotion.
- E. Normally a three- year contract is recommended when there is a recommendation for promotion.
- F. Promotion recommendations are also made by the College PTRM Committee and the College Dean.
- G. Promotions are approved by the Provost.

IX. RECOMMENDED GUIDELINES FOR PROMOTION

The following recommended guidelines are provided for consideration as individual departments prepare their documents.

A. TEACHING and ADVISING

- 1. Standards by rank
 - a. The standards for the rank of **Clinical Assistant Professor** include demonstration of:

- (1) knowledge of the field(s) in which they are teaching, including current and emerging trends
 - (2) growth and evolution that supports the teaching and learning process
 - (3) effective clinical / professional teaching and student learning in the designated area of expertise
 - (4) effective and successful participation in student advising
 - (5) participation in mentoring activities to support effective teaching and/or advising
- b. In addition to meeting the standards for Clinical Assistant Professor, for promotion to **Clinical Associate Professor** the following standards include demonstration of:
- (1) refinement, updating, and improvement of the courses that one teaches
 - (2) superior clinical / professional teaching ability and student learning in the designated area of expertise
 - (3) continued growth and evolution that supports the teaching and learning process
 - (4) continued effective and successful participation in student advising
 - (5) continued participation in mentoring activities to support effective teaching and/or advising
- c. In addition to meeting the standards for Clinical Assistant and Clinical Associate Professor, for promotion to **Clinical Professor** the following standards include demonstration of:
- (1) sustained excellence in clinical/professional teaching and student learning in the designated area of expertise
 - (2) effective and successful participation in course development, program development and/or assessment that is based on established scholarship, best practice, and/or sustained experience with practitioners in one's field
 - (3) mentoring of colleagues in teaching and/or advising
 - (4) a sustained record of excellence in teaching and advising
2. Potential examples and evidence for faculty members to present when demonstrating compliance with the above teaching and advising standards are in Appendix A.

2. SCHOLARSHIP

Scholarship may take on many different forms for the Clinical Faculty member and as stated in the TU ART policy may include: 1) Scholarship of Application – applying knowledge to consequential problems, either internal or external to the university, and including aspects of creative work in the visual and performing arts. 2) Scholarship of Discovery – conducting traditional research, knowledge for its own sake, including aspects of creative work in the visual and performing arts. 3) Scholarship of Integration – applying knowledge in ways that overcome the isolation and fragmentation of the traditional disciplines. 4) Scholarship of Teaching – exploring the dynamic endeavor involving all the analogies, metaphors, and images that build bridges between the teacher's understanding and the student's learning. (Shulman & Hutchings, 1998).

All scholarly activities should reasonably align with the clinical/professional areas of expertise

and responsibilities, be predominantly clinically/professionally-based and be disseminated and validated.

a. Standards by rank

(1) The standards for the rank of **Clinical Assistant Professor** include:

- i. A clearly defined area of expertise that can be developed into a scholarship plan that reflects the potential for ongoing growth in the designated area of expertise.
- ii. Currency in the knowledge based supporting one's designated area of expertise that is demonstrated yearly and over time in rank.
- iii. Integration and application of one's professional scholarly activities to teaching or service or other professional activities.
- iv. Begin and continue over time dissemination of one's scholarly activities in one's area of expertise.

(2) The standards for **promotion** from Clinical Assistant Professor to **Clinical Associate Professor** include:

- i. Demonstrated evidence that one's scholarship plan has matured over time.
- ii. Currency in the knowledge base supporting one's designated area of expertise that is demonstrated yearly and over time in rank.
- iii. Integration and application of one's professional scholarly activities to teaching and service or other professional activities.
- iv. Demonstrated continued dissemination of one's scholarly activities in one's area of expertise.
- v. Recognition by others of the quality of one's scholarship.

(3) The standards for **promotion** from Clinical Associate Professor to **Clinical Professor** include:

- i. A sustained record of scholarship activity within one's designated area of expertise that is validated and disseminated to the professional community.
- ii. Currency in the knowledge base supporting one's designated area of expertise; that is demonstrated yearly and over time in rank.
- iii. A sustained record of integration and application of one's professional scholarly activities to teaching and service or other professional activities.
- iv. Distinction in the quality of one's scholarship.
- v. Excellence in mentoring faculty, clinical practitioners, or students in their efforts to integrate or generate new knowledge in the field.

b. Potential examples and evidence for a faculty member to present when demonstrating compliance with the above standards are found in Appendix B.

3. SERVICE

Clinical faculty are expected over time to develop a record of service that reflects contributions to

the institution and the profession/discipline and/or the community. Service to the institution includes involvement in faculty governance at the program and department level and at the college and/or university level. The nature and extent of involvement in service at the college and university level will be dictated in part by opportunities for committee involvement, professional expertise, and institutional need.

a. Standards of rank

(1) The standards for the rank of **Clinical Assistant Professor** include demonstration of:

- i. service involvement in faculty governance at the program and department level (this does not exclude service at the College or University level)
- ii. service contributions to the institution and/or profession and/or community that draws upon one's professional expertise

(2) In addition to meeting the standards for Clinical Assistant Professor, for promotion to **Clinical Associate Professor**, the following standards include demonstration of:

- i. advocacy in a service activity in faculty governance at the department level and college and/or university level and profession and/or community level
- ii. recognition of the quality and impact of one's service contributions, particularly at the department and /or college levels

(3) In addition to meeting the standards for Clinical Assistant and Clinical Associate Professor, for promotion to **Clinical Professor**, the following standards include demonstration of:

- i. a sustained record of service activity in faculty governance at the department and college and/or university levels
- ii. advocacy in addressing important issues or needs
- iii. participation in mentoring of colleagues within the department
- iv. leadership in addressing important institutional, professional, or community issues
- v. distinction in the quality of one's service at multiple levels of faculty governance (department and college and/or university) and profession and/or community

b. Potential examples and evidence for a faculty member to present when demonstrating compliance with the above standards are found in Appendix C.

X. Appeals

1. Clinical faculty on a multi-year contract have the right to appeal department and/or college recommendations regarding promotion, or merit.
2. Clinical faculty on a one-year contract have the right to appeal a merit recommendation when this is accompanied by a recommendation for reappointment.
3. Clinical faculty will follow the same guidelines for appeal as outlined in the ART policy, Section V.B. of Appendix 3 for tenured and tenure track faculty.

XI. Revisions to the Document

- A. These guidelines will be reviewed every three years on the College's schedule determined by the University PTRM. The Dean will convene an *ad hoc* committee for the review and revision of this document.
- B. All faculty are welcome to participate in discussion of these guidelines.
- C. Revisions are approved by a simple majority vote of the clinical faculty.
- D. All revisions are forwarded to the College PTRM Committee and then to the University PTRM Committee according to the calendar guidelines.

XII. COLLEGE OF THE HEALTH PROFESSIONS' PROMOTION, REAPPOINTMENT, AND MERIT CALENDAR FOR CLINICAL FACULTY

1. The First Friday In May

Formation of Department Promotion, Reappointment, and Merit (PRM) Committee and College PTRM Committee (usually part of the Department/College Committee, which includes tenure review).

2. The Third Friday in June

All of the following documents are due and must be submitted to the department chairperson or designee(s):

- a. Faculty Annual Report (AR)
- b. Current professional curriculum vitae
- c. Syllabus for each course currently taught
- d. Evaluation of teaching and advising
- e. Other documents required in Section II.B or desired by faculty member

3. The Third Friday In September

- a. Faculty who were in full-time positions during the prior academic year may add information to update their files for work completed before June 1st.
- b. First Year Clinical Faculty member's Statement on Standards and Expectations for non-tenure-track faculty are completed and forwarded to the dean.
- c. Deadline for request for an initial or subsequent three year contract.

4. The Second Friday in October

- a. Department PTRM Committee's reports with recommendations and vote count on all non-first year faculty members are submitted to the Department Chairperson.
Note: Reappointment also is contingent on continued positive performance for the current academic year, funding for the clinical faculty position, and department need in the faculty member's area of clinical expertise.
- b. College PTRM documents are due to the University PTRM Committee if changes have been

made.

5. Fourth Friday in October

- a. Department Chairperson's written evaluation for faculty considered for reappointment and/or promotion is added to the faculty member's evaluation portfolio and conveyed to the faculty member.
- b. The Department Chairperson will place his/her independent evaluation into the evaluation portfolio.
- c. The Department PTRM Committee's report with recommendations and vote count and the Department Chairperson's evaluation are distributed to the faculty member.

6. Second Friday in November

The faculty member's evaluation portfolio, inclusive of the Department PRM Committee's written recommendation with record of the vote count, completed Department Summary Recommendation Form, Department Vote Record, and the written recommendation of the Department Chairperson, are forwarded by the Department PTRM Chairperson to the Dean's office.

7. Second Friday in December

Faculty seeking an immediate consecutive three year contract must submit an evaluation portfolio to the Department Chairperson.

8. First Friday in January

- a. The Department PRM Committee reports with recommendations and vote count on all first-year faculty are submitted to the Department Chairperson.
- b. The College PTRM Committee reports with vote counts and recommendations for faculty reviewed for promotion are submitted to the Dean.

9. Third Friday in January

- a. The College PTRM Committee and the dean's recommendations for promotion and/or multi-year contracts are given to clinical faculty members under review for promotion or a multi-year contract with a copy to the department chairperson or designee.
- b. The College PTRM Committee's recommendation concerning clinical faculty members' appeals of their departmental PTRM committee's recommendation in the areas of reappointment, appointment to a multiyear contract, promotion and/or level of merit are delivered to the faculty member and the department chairperson.

10. First Friday in February

- a. The College Dean forwards the summative portfolio inclusive of the committee's and the Dean's recommendations of each faculty member with a recommendation concerning promotion and/or multi-year contract to the Provost.
- b. The Dean forwards all recommendations regarding reappointment/non-reappointment to the Provost. If the Dean disagrees with the Department recommendation, the Dean shall prepare his/her own recommendation and send a copy to the faculty member and add this recommendation to the summative portfolio.
- c. Department recommendations concerning reappointment and, if recommended for reappointment, merit for clinical faculty in the first year of appointment are delivered to the faculty member and the dean.

11. Second Friday in February

- a. Dean recommendations concerning reappointment for clinical faculty on one year contracts are delivered to the Provost.
- b. Department documents concerning promotion, reappointment, appointment to multi-year contracts and merit are delivered to the chairperson of the University PTRM Committee, if any changes have been made.

12. The Third Friday in March

The Provost's decisions are given to all clinical faculty members who have been recommended for multi-year contracts and/or promotion.

Appendix A: CHP Clinical Faculty Standards and Potential Evidence for Teaching and Advising

Standard	Potential Evidence
Clinical Assistant Professor Teaching Standards	Clinical Assistant Professor Potential Evidence
1.) Demonstration of knowledge of the field(s) in which they are teaching, including current and emerging trends.	<ul style="list-style-type: none"> Evidence of knowledge in the field, including current and emerging trends (e.g., syllabi, lecture content, inclusion of current research and evidence based practice, etc.) Requests from peers, professionals, or community members to share clinical knowledge and expertise in a professional forum or via consultation.
2.) Demonstration of growth and evolution that supports the teaching and learning process.	<ul style="list-style-type: none"> Evidence of refinement, updating and improving courses (e.g., teaching narrative, new or revised instructional procedures, etc.) Evidence of effective and successful participation in course development, program development and/or assessment that is based on established scholarship, best practice, and/or sustained experience with practitioners in one's field.
3.) Demonstration of effective clinical / professional teaching and student learning in the designated area of expertise.	<ul style="list-style-type: none"> Evidence of positive and effective teaching (e.g., peer evaluations, student evaluations, teaching narrative, etc.) Correspondence from students, alumni, colleagues, program coordinators, and administrators
4) Demonstration of effective and successful participation in student advising.	<ul style="list-style-type: none"> Evidence of effective and successful student advising (e.g., student advising evaluations)
5) Demonstration of participation in mentoring activities to support effective teaching and/or advising	<ul style="list-style-type: none"> Requests to help others with their teaching and documentation of providing assistance Selected projects, reports, presentations or theses completed by students
Clinical Associate Professor Teaching Standards	Clinical Associate Professor Teaching Potential Evidence
1.) Demonstration of knowledge of the field(s) in which they are teaching, including current and emerging trends.	<ul style="list-style-type: none"> Evidence of knowledge in the field, including current and emerging trends (e.g., syllabi, lecture content, inclusion of current research and evidence based practice, etc.) Requests from peers, professionals, or community members to share clinical knowledge and expertise in a professional forum or via consultation;
2.) Demonstration of refinement, updating, and improvement of the courses that one teaches.	<ul style="list-style-type: none"> Evidence of refinement, updating and improving courses (e.g., teaching narrative, new or revised instructional procedures, etc.) Evidence of effective and successful participation in course development,

	program development and/or assessment that is based on established scholarship, best practice, and/or sustained experience with practitioners in one's field.
3.) Demonstration of superior clinical / professional teaching ability and student learning in the designated area of expertise.	<ul style="list-style-type: none"> Evidence of positive and effective teaching (e.g., peer evaluations, student evaluations, teaching narrative, etc.) Correspondence from students, alumni, colleagues, program coordinators, and administrators
4.) Continued demonstration of growth and evolution that supports the teaching and learning process.	<ul style="list-style-type: none"> Teaching methods, materials, and strategies published or presented
5.) Continued demonstration of effective and successful participation in student advising.	<ul style="list-style-type: none"> Evidence of effective and successful student advising (e.g., student advising evaluations)
6) Continued demonstration of participation in mentoring activities to support effective teaching and/or advising	<ul style="list-style-type: none"> Requests to help others with their teaching and documentation of providing assistance Selected projects, reports, presentations or theses completed by students
Clinical Professor Teaching Standards	Clinical Professor Teaching Potential Evidence
1.) Demonstration of knowledge of the field(s) in which they are teaching, including current and emerging trends.	<ul style="list-style-type: none"> Evidence of knowledge in the field, including current and emerging trends (e.g., syllabi, lecture content, inclusion of current research and evidence based practice, etc.) Requests from peers, professionals, or community members to share clinical knowledge and expertise in a professional forum or via consultation;
2.) Demonstration of refinement, updating, and improvement of the courses that one teaches.	<ul style="list-style-type: none"> Evidence of refinement, updating and improving courses (e.g., teaching narrative, new or revised instructional procedures, etc.)
3.) Demonstration of sustained excellence in clinical / professional teaching and student learning in the designated area of expertise.	<ul style="list-style-type: none"> Evidence of positive and effective teaching (e.g., peer evaluations, student evaluations, teaching narrative, etc.) Correspondence from students, alumni, colleagues, program coordinators, and administrators
4.) Demonstration of effective and successful participation in course development, program development and/or assessment that is based on established scholarship, best practice, and/or sustained experience with practitioners in one's field.	<ul style="list-style-type: none"> Teaching methods, materials, and strategies published or presented Participation on accreditation or program approval teams Correspondence from colleagues who have participated on committees that have developed curriculum or conducted accreditation or program approval reviews University curriculum and instructional development grants

7) Demonstrated mentoring of colleagues in teaching and/or advising.	<ul style="list-style-type: none">• Requests to help others with their teaching and documentation of providing assistance
8.) Demonstration of a sustained record of excellence in teaching and advising.	<ul style="list-style-type: none">• Teaching awards and nominations• International teaching exchange, sabbatical or consulting contracts

Appendix B: CHP Clinical Faculty Standards and Potential Evidence for Scholarship

Standard	Potential Evidence
Clinical Assistant Professor Scholarship Standards	Clinical Assistant Professor Potential Evidence
1.) A clearly defined area of expertise that can be developed into a scholarship plan that reflects the potential for ongoing growth in the designated area of expertise.	<ul style="list-style-type: none"> • A description of one's scholarship in their designated area of expertise. • External letters of recommendation identifying one's expertise and potential.
2.) Currency in the knowledge based supporting one's designated area of expertise that is demonstrated yearly and over time in rank.	<ul style="list-style-type: none"> • Documentation of one's required licensure(s) and/or certification(s). • Documentation of continuing education. • Industry/clinical practice hours.
3.) Integration and application of one's professional scholarly activities to teaching or service or other professional activities.	<ul style="list-style-type: none"> • Requests for guest lectures, presentations, professional committee work, etc. • Serving as an industry or professional practice expert.
4) Begin and continue over time dissemination of one's scholarly activities in one's area of expertise.	<ul style="list-style-type: none"> • Guest lectures. • Presentations. • Written works such as newsletters and editorials in trade and/or professional practice publications.
Clinical Associate Professor Scholarship Standards	Clinical Associate Professor Potential Evidence
1.) Demonstrated evidence that one's scholarship plan has matured over time.	<ul style="list-style-type: none"> • Narrative statement clearly defining one's specialization and growth over time. • Participation and increased responsibility in scholarship and research activities. • Participation or submission in a grant or grant application.
2.) Currency in the knowledge base supporting one's designated area of expertise that is demonstrated yearly and over time in rank.	<ul style="list-style-type: none"> • Documentation of advanced certification(s). • Participation in dissemination of clinical/industry expertise via guest lecture, in-service presentation or consultation. • Disseminated clinical/industry expertise via regular and ongoing consultation.
3.) Integration and application of one's professional scholarly activities to teaching and service or other professional activities.	<ul style="list-style-type: none"> • Creation of educational materials that demonstrate integration / synthesis of knowledge. • Creation of new workshops related to the designated area of clinical expertise. • Writing technical reports and/or evidenced-based policy that reflects integration of knowledge. • Developing a new case report related to the designated area of clinical expertise for dissemination.
4.) Demonstrated continued dissemination of one's scholarly activities in one's area of expertise.	<ul style="list-style-type: none"> • Presenter of a juried presentation at a local, regional conference, national or international conference.

	<ul style="list-style-type: none"> • An invited presenter at a local, regional conference, national or international conference. • Developing and/or writing of monographs or technical reports for publication. • Publication of a case report related to the designated area of clinical expertise. • Author or co-author of an article in an academic or practice journal or a book chapter.
5.) Recognition by others of the quality of one's scholarship.	<ul style="list-style-type: none"> • Published reviews of scholarly works. • Citation by others of one's scholarship.
Clinical Professor Scholarship Standards	Clinical Professor Potential Evidence
1.) A sustained record of scholarship activity within one's designated area of expertise that is validated and disseminated to the professional community.	<ul style="list-style-type: none"> • Juried or invited presentation at a national or international conference. • Author or co-author of an article in a peer reviewed or practice journal or a book chapter. • Competitive internal or external grants attempted and/or received.
2.) Currency in the knowledge base supporting one's designated area of expertise; that is demonstrated yearly and over time in rank.	<ul style="list-style-type: none"> • Earned doctoral degree. • Invited keynote presentations.
3.) A sustained record of integration and application of one's professional scholarly activities to teaching and service or other professional activities.	<ul style="list-style-type: none"> • External adoptions of one's educational works. • Publication or presentation of novel or exemplary teaching methods, materials or strategies. • Leadership of accreditation processes and writing a self-study.
4) Distinction in the quality of one's scholarship.	<ul style="list-style-type: none"> • Awards and other recognition for the quality of one's scholarship. • External evaluations and reviews of one's work. • Continued citation by others of one's scholarship.
5) Excellence in mentoring faculty, clinical practitioners, or students in their efforts to integrate or generate new knowledge in the field.	<ul style="list-style-type: none"> • Documentation from one's mentees. • Narrative statement describing mentoring relationships with junior faculty, clinicians or other professional colleagues. • External reviews.

Note: This list provides examples of formats for dissemination and validation, but is not exhaustive.

Appendix C: CHP Clinical Faculty Standards and Potential Evidence for Service

Standard	Potential Evidence
Clinical Assistant Professor Service Standards	Clinical Assistant Professor Service Evidence
1) Demonstrates service involvement in faculty governance at the Department level; (this does not exclude at the College or University level)	<ul style="list-style-type: none"> • Membership on faculty committees (e.g., thank you letters for participation; emails; etc.) • Correspondence from colleagues and others (e.g., letter of thanks for participation; ask your committee chair for a letter of participation or record of keeping minutes; minutes [if not confidential]; emails; evidence of completing the assigned duties based on the committee; etc.)
2) Demonstrates service contributions to the institution and / or community that draws upon one's professional expertise	<ul style="list-style-type: none"> • Membership on committees (e.g., letter of thanks for participation; emails; etc.) • Membership in professional organizations and associations at national, regional, and state levels • Correspondence from colleagues and others (e.g., letter of thanks for participation; emails; etc.) • Involvement in student activities, organizations, and programs (e.g., copies of programs; organizational charts; etc.) • Involvement of community service or programs (e.g., copies of programs; letters of thanks from the community or organization leader; etc.)

Standard	Standard
Clinical Associate Professor Service Standards	Clinical Associate Professor Service Evidence
1) Demonstrate service involvement in faculty governance at the Department and College levels	<ul style="list-style-type: none"> • Membership on faculty committees (e.g., letter of thanks for participation; emails; etc.) • Correspondence from colleagues and others (e.g., letter of thanks for participation; emails; etc.)
2) Demonstrate advocacy in service involvement in faculty governance at the Department level &/or College level	<ul style="list-style-type: none"> • Evidence of leadership role in the faculty university governance structure at any level
3) Demonstrates service contributions to the institution and / or community that draws upon one's professional expertise	<ul style="list-style-type: none"> • Evidence of key roles in the university governance structure (e.g., organizational charts; letter of thanks for role and contributions; emails; etc.) • Correspondence from colleagues, committees and others (e.g., letter of thanks for leadership role or key contributions; emails; etc.) • Involvement in student activities, organizations, and programs (e.g., copies of programs; organizational charts; etc.) • Membership in professional organizations and associations at national, regional, and state levels • Committee membership in professional organizations (e.g., letter of thanks; emails; letters; etc.)

4) Recognition of the quality and impact of one's service contributions, particularly at the Department and / or College levels	<ul style="list-style-type: none"> • Correspondence from colleagues and others (e.g., letter of thanks for key contributions; emails; etc.) • Evidence of involvement in student activities, organizations, and programs (e.g., copies of programs; letter of thanks from the Honors College or Study Abroad, etc.)
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Standard	Standard
Clinical Professor Service Standards	Clinical Professor Service Evidence
1) Demonstrates a sustained record of service activity in faculty governance at the Department, College and/or University levels;	<ul style="list-style-type: none"> • Examples of involvement with practitioners that is sustained and focused and that draws upon one's professional expertise (e.g., letter of thanks for participation; emails; etc.) • Correspondence from colleagues and others (e.g., letter of thanks for participation; ask your committee chair for a letter of participation or record of keeping minutes; minutes [if not confidential]; emails; evidence of completing the assigned duties based on the committee; etc.)
2) Provides advocacy in addressing important issues or needs	<ul style="list-style-type: none"> • Provision of in-service education or technical assistance (e.g., copies of programs; organizational charts; emails; etc.) • Evidence of advocacy and / or mentoring in issues involving student and/or colleagues (e.g., thank you letters; emails; etc.)
3) Demonstrates participation in mentoring of colleagues within the Department	<ul style="list-style-type: none"> • Correspondence from colleagues or mentees (e.g., letter or emails of recognition/thanks).
4) Demonstrates leadership in addressing important institutional, professional, or community issues	<ul style="list-style-type: none"> • Membership in professional organizations and associations at national, regional, and state levels • Leadership positions in the university governance structure (e.g., organizational charts; thank you letters for role and contributions; emails; etc.) • Leadership in professional organizations and associations (e.g., organizational charts; thank you letters; etc.) • Evidence of service to licensure, certification, or accreditation boards (e.g., organizational charts; thank you letters; etc.) • Examples of involvement in professional organizations that is sustained and focused and that draws upon one's professional expertise • Correspondence from leaders in professional organizations and associations in one's field • Professional consultation (any written proof)
5) Distinction in the quality of one's service at all levels of faculty governance (Department, College and / or University)	<ul style="list-style-type: none"> • Correspondence from committee members, colleagues and others (e.g., thank you letters for key contributions; emails; etc.) • Evidence of influence in student activities, organizations, and programs (e.g., copies of programs; thank you letters from the Honors College or Study Abroad; letters of distinctions; etc)