

**University of New Hampshire**  
Appointment, Review, and Promotion of Clinical Faculty  
Policy and Procedures

**A. Purpose and Scope**

This document sets out the definitions, policies, and procedures applicable to Clinical Faculty on the Durham and Manchester campuses, and the University administration in relationship to appointment, review, and promotion.

**B. Application**

This document is a guide for Clinical Faculty at the University of New Hampshire. Existing Clinical Faculty appointed prior to the adoption of this document will be “grandparented”; their roles, responsibilities, and expectations will remain consistent with their current appointment, subject to any modifications associated with renewal. Regardless of prior status, roles, responsibilities, and expectations shall not exceed or be less than the equivalent of those outlined in this document. Clinical Faculty whose roles, responsibilities, and expectations exceed or are less than the equivalent of those outlined in this document shall have their workload adjusted and/or be appropriately compensated.

**C. Definitions**

**1. Clinical Faculty**

Clinical Faculty have specialized training and experience in a professional field almost always requiring professional licensure or certification. As appropriate to the field and as defined by the department and accreditation standards, Clinical Faculty may also be required to have one or both of the following: a terminal degree and/or evidence of practice experience in their field of expertise.

Clinical Faculty’s primary function is to help students acquire professional knowledge and skills needed in a clinical environment. It is expected that Clinical Faculty have expertise in the following areas depending on appointment: *direct service to clients/patients*;<sup>1</sup> *supervision and teaching in a clinical, academic, or practice setting*; *program direction*; and *service*.

The responsibilities of a Clinical Faculty member may include: locating, recruiting, and sustaining field placement sites, and assigning students to these sites; educating students in academic and clinical settings; supervising clinical experiences and internships; advising students; directing/administering/coordinating programs; and/or engaging in professionally related University and professional service to communities. This may also include clinical practice<sup>2</sup> with administration, policy, community planning and organizing, and education related to systems strategies and change.

Additionally, with the approval of the department chair and dean, Clinical Faculty may engage in clinical research and/or applied scholarship as required for accreditation and/or licensure/certification, but typically do not have research or creative scholarship expectations.

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<sup>1</sup> “Clients/patients” include but are not limited to: individuals, groups, businesses, public and private agencies, and/or organizations within and outside the University.

<sup>2</sup> For the purposes of this policy, clinical “practice” refers to professional functions carried out in business, health care, educational, government, or related applied settings.

Clinical Faculty will engage in ongoing professional development as mandated by their professional licensing or credentialing requirements.

Clinical Faculty are benefits eligible and are not eligible for tenure.

2. In all cases, “**Dean**” means “Dean or designee”

3. “**Chair**” refers to a department chair or the director of a school or other unit that includes Clinical Faculty. In all cases, “**Chair**” means “Chair or designee”

4. **Clinical Activities:** *Clinical activities* may include direct supervision of students providing services in on- or off-campus settings, indirect supervision of students, and/or clinical services (e.g., diagnostic services, rehabilitation services, counseling services), and other activities as defined by the department/unit.

5. **Clinical Courses:** *Clinical courses* prepare students by facilitating the development of clinical knowledge and skills required of the profession.

6. **Other Courses:** Teaching of other courses in which the primary focus of the course is not clinical in nature is allowed with the approval of the chair and dean. Students taking these courses are not necessarily preparing for a clinical role. “Other Teaching” must be no more than 50% of the teaching workload. “Other teaching” may also include advising (in some colleges), overseeing independent studies, and honors projects.

7. **Service:** *Service activities* include advising (in some colleges) and other non-teaching or clinical contributions to the University (including university, college, school, and department), to one's profession, and to the community at large through public service directly related to the professional field, engagement, and outreach.

8. **Direction of programs:** includes, but is not limited to, program management and operation associated with clinical and other applied programs including developing field or internship placements; assigning students to field or internship sites; the development, promotion, coordination, evaluation, operational oversight, active maintenance of accreditation standards, and engagement with accreditation agencies; and allocation of resources. These activities are performed in consultation with the chair.

9. **Clinical Research/Applied Scholarship:** *Clinical research and/or applied scholarship* may include research that brings University expertise to the profession and wider community. These activities often serve as training vehicles for University students in their respective disciplines. Some accredited clinical programs and/or licensure/certification standards include criteria that require demonstration of research methods and application.

## **D. Appointment and Reappointment**

All Clinical Faculty hiring must comply with all applicable USNH and UNH HR policies and procedures. Candidates with recognized excellence (or promise of excellence for the Assistant level) as clinicians and teachers are eligible for appointments in the Clinical Faculty track for terms as outlined below.

Appointments are made at three faculty levels: Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor.

*A Clinical Assistant Professor* shall have completed a terminal degree or a combination of a non-terminal degree and professional experience appropriate for his/her field and should have successful teaching or other relevant experience. Unless specifically waived, a Clinical Assistant Professor will hold current licensure/certification as appropriate to the field and have some professional experience post degree. Terms of appointment are normally for one to three years. Renewals are dependent upon successful review and the needs of the college or school.

*A Clinical Associate Professor* shall have attained a terminal degree or a combination of a non-terminal degree and significant professional experience appropriate for his/her field, shall have had five or more years of successful teaching and/or other relevant experience, and shall have shown evidence of professional development and/or leadership at the regional and/or national level. Unless specifically waived, a Clinical Associate Professor will hold current licensure/certification as appropriate to the field. Terms of appointment are normally for three to five years. Renewals are dependent upon successful review and the needs of the college or school.

*A Clinical Professor* shall have, in addition to the above criteria, a background of significant successful teaching, marked by the perspective of maturity and experience, substantial professional experience appropriate for her/his field, and a record of outstanding contributions to his or her profession and academic discipline at the national and/or international level. Unless specifically waived, a Clinical Professor will hold current licensure/certification as appropriate to the field. Terms of appointment are normally for five years. Renewals are dependent upon successful review and the needs of the college or school.

Departments and programs are encouraged to provide Clinical Faculty with support and guidance upon hiring and during the performance review process (see section H).

Clinical Faculty may be eligible for appointment to the Graduate Faculty based on the Graduate School guidelines. Appointment of a Clinical Faculty to the Graduate Faculty is recommended by the chair and approved by the Graduate Dean.

### *Appointment Procedure*

Appointments may be full-time or part-time (75% FTE or above) and are always made by the dean to an existing academic department/unit or jointly appointed in two academic departments/units. Appointments require approval from the appropriate chair(s) and dean(s). Such individuals are granted academic rank within the department/unit by the Provost. Appointments are normally for a one to five-year term, based on rank, and are renewable. The term and FTE of succeeding appointments will be determined by the dean based on faculty rank, meeting or exceeding the expectations related to the duties assigned in the current appointment period, professional accomplishments, as well as on department/unit and college needs.

Deans recommending an appointment will forward to the Provost a written recommendation including the rank, FTE, appointment period and the initial assignment of the workload categories described below.

*Non-reappointment*

Non-reappointments are at the discretion of the Dean on the basis of curricular need, sufficiency of financial resources, and satisfactory performance. A non-reappointment is grievable if the affected party feels the decision was arbitrary and/or capricious.

Notice of non-reappointment shall be given to Clinical Faculty based on the Clinical Faculty member's length of service at the end of the appointment years:

First and Second year – by March 1<sup>st</sup>

Third year and thereafter – by January 15<sup>th</sup>

**E. Workload**

Clinical Faculty workloads are determined by the University and shall take into account clinical activities, clinical teaching, other teaching, program direction, service, and clinical research/applied scholarship (where required by accreditation or licensure/certification and approved by the chair and dean). Clinical Faculty members can be most effective when there is appropriate and reasonable flexibility in determining the manner in which they carry out their responsibilities. Individual workload assignments shall be made by the chair subject to approval by the dean of the college.

A clear description of the Clinical Faculty's roles and responsibilities is essential. Initial workload assignments will be a routine component of the hiring process, and specified to the extent practical in the hiring letter. Clinical Faculty workload assignments will be reviewed, updated as appropriate, and clearly described each academic year.

The chair, following faculty workload guidelines for the appropriate college or school, assigns courses and duties to Clinical Faculty, with approval from the dean. All responsible unit administrators will strive to assign fair and equitable workloads. Clinical Faculty academic workload standards are based on academic year (9 month) appointments and are outlined in the table below, consistent with the overarching (1991, updated 2013) UNH faculty workload policy document. For Clinical Faculty appointed on a fiscal year basis, the workload is adjusted proportionally.

<b>FTE</b>	<b>Workload</b>
1.0	8 units
0.88	7 units
0.75	6 units

The definition of a "workload unit" is associated with the time, energy, and actions it takes to teach one standard 3- or 4-credit course.<sup>3</sup> Discrete sections of the same course that meet at distinct times in a given semester are each to be considered 1 teaching unit. One 2-credit course is equivalent to 0.5 unit.

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<sup>3</sup>According to the Dean's Council, "a course, as referenced above, is one that meets for an entire semester, carries three or four credits, is the responsibility of a single instructor, and enrolls a minimum number of students as determined by course level and College policy. Multiple sections that meet at the same time and are taught by the same instructor count as one course. UNH Faculty Workload Policy, Dean's Council (2013)

Units are assigned based on the Clinical Faculty member’s responsibilities. Workload related to clinical supervision is determined by the department and college, and should be informed by professional standards specific to the field.

Courses that have a combination of lecture and laboratory components, including simulations, shall be counted as one or more teaching units, and should take into consideration all relevant factors including but not limited to whether there is support from a Teaching Assistant or other personnel paid to assist in delivery of the course. Courses comprised of lecture and multiple sections of a laboratory or workshop course may be supported by paid personnel in accordance with the standard practice of the department/unit and college. Decisions shall be made by the chair with approval of the dean, based on equitable, consistent, and transparent processes for all faculty within the department/unit and college.

Student advising expectations should be explicitly stated based on the unique needs of each program and as determined by the chair, and/or any accreditation or licensure/certification requirements.

There is no expectation that Clinical Faculty will be assigned work in all categories, only those that apply to his or her particular work responsibilities as defined in the appointment letter and/or annual workload document. However, Clinical Faculty must primarily engage in clinical teaching and/or clinical activities. “Other teaching” must constitute 50% or less of the total teaching workload.

The table below may be useful when workload responsibilities are assigned upon appointment and annually thereafter.

<b>Category*</b>	<b>Units</b>	<b>Brief Description of Responsibilities</b>
<u>Teaching:</u> - Clinical Courses: - Other Courses (50% or less of teaching workload): - Clinical Activities		
Service		
Program Direction		
Clinical Research/Applied Scholarship (Only with written approval of the Chair and Dean)		
Total		

*\*Based on each individual Clinical Faculty Member’s assigned responsibilities. Not all categories may apply. Partial units are acceptable within categories.*

**Clinical Courses**

“Clinical courses” are clinically oriented undergraduate or graduate courses, including interprofessional/interdisciplinary courses; workshops for clinical instructors/preceptors/field/

internship/supervision; or training programs in either internal or external communities for students or others in the Clinical Faculty's area of expertise. In courses that are a blend of traditional and clinical pedagogy, there shall be a presumption that the course is clinical.

**Other Courses** (50% or less of courses taught)

“*Other courses*” include undergraduate or graduate courses; sponsoring independent studies, culminating student projects (e.g., capstone experiences), theses, dissertations, workshops; or training programs in either internal or external communities for students or others in the Clinical Faculty member's area of expertise. Courses in this category are not clinical and could be taught by other faculty that do not have clinical expertise, licensure, or certification. As noted above, students taking these courses are not necessarily preparing for a clinical role. Decisions regarding workload allocation for theses, dissertations, workshops, or training programs shall be made by the chair, with approval of the dean, based on equitable, consistent and transparent processes for all faculty within the department/unit and college.

**Clinical Activities**

*Clinical activities* include direct supervision of students providing services in on- or off-campus settings, indirect supervision of students, and diagnostic services. These roles could include the following activities:

- Establishing professional relationships with the clinical site, including development of learning objectives for the student experience, contracts, articulating the responsibilities of UNH clinical faculty to the clinical site, supervisor, and student; placing students in the setting; facilitating preceptor/supervisor/mentor development.
- Providing clinical diagnostic services (e.g., veterinary/laboratory diagnostic services) to clients and external stakeholders.
- Meeting, mentoring, and/or supervising students during clinical placements or on student capstone projects, theses, or dissertations. With permission of the chair and dean, Clinical Faculty who are members of the Graduate Faculty may serve as the committee chair for theses or dissertations.
- Supervising students by observation of student clinical performance; supervisory meetings with students; review and approval of documentation, treatment/intervention plans, group protocols; evaluation of student performance using criteria developed specifically by the supervisor, clinical site, academic unit or professional accrediting entity.
- Overseeing students providing clinical services to clients/patients/consumers in on- and/or off-campus settings which may include meeting with students; supporting and mentoring students and supervisors during the placement, and; consulting with student supervisors in the evaluation of student performance.
- Reviewing and providing feedback to students for their clinical/internship performance. Developing and implementing remedial action where performance is not in accordance with program/course standards and expectations.
- In consultation with chair, taking disciplinary action for unprofessional student conduct and behavior in accordance with program/course expectations and appropriate ethical codes.
- Maintaining all records associated with students' performance in the clinical/internship experience.
- Developing, implementing, supervising, or coordinating training programs, workshops, webinars, internship programs, or program evaluations in professional, occupational, or clinical settings for either internal or external entities in which knowledge or skill relevant to Clinical Faculty area of expertise is disseminated.

- Maintaining professional competency.

### **Service**

“*Service*” includes contributions to the university (including college, school, and department), to one's profession, and to the community at large through public service and outreach.

*Service to the university* refers to activities undertaken by the clinical faculty member in the academic unit (and/or program option), school, college, university, or the University System of New Hampshire. Activities may include advising undergraduate or graduate students, serving on undergraduate and graduate committees, or other program, department, school, college, or university committees, councils, or commissions.

*Service to the profession* refers to activities such as holding leadership positions in professional organizations, serving on editorial boards or as journal reviewers, serving on state, national, or international boards, commissions, review panels, etc. As rank increases, there should be commensurate changes in the quantity and quality of service to the profession. For example, candidates for clinical professor may serve as members of professional committees or they may assume leadership positions in state, regional, national, or international chapters of their professional organizations.

*Public service and outreach* refer to serving the community at large in a professional capacity, enhancing the stature of the college and university while making contributions to the work of agencies and organizations. Public service and outreach may involve public speaking or working with non-governmental or governmental groups, or serving on boards or holding leadership roles in professional associations or organizations in the faculty member's area of expertise. Activities may also involve working with national, state, or local communities in support of the University's land-, sea-, or space-grant or other public service missions, and may require the candidate's expertise in assessing problems, assuring the delivery of services, developing policies, and planning, implementing, or evaluating the effectiveness of programs.

### **Program Direction**

*Program direction* includes, but is not limited to, the development, promotion, coordination, evaluation, operational oversight, active maintenance of accreditation standards, engagement with accreditation agencies, and oversight of budget allocations associated with clinical and other applied programs. These activities are performed in consultation with the chair. Direction of programs focuses on the operational and programmatic aspects of the program, and may overlap with clinical activities described above. The duties of Clinical Faculty responsible for directing programs vary by department and position. The activities described below may fall within the Clinical Faculty role and responsibilities based on individual job description and as updated as part of the annual review process.

- Supervise and/or lead accredited programs in the Clinical Faculty's area of expertise.
- Maintain ongoing, extensive reporting as required by respective accrediting agencies, including annual and multi-year reviews.
- Locate, recruit, and sustain field placement sites, and assign students to field sites
- Coordinate and conduct extensive periodic self-study as required for accreditation or certification.

- Conduct curriculum oversight and learning outcome evaluation as it relates to accreditation or certification guidelines.
- Collaborate with other accredited programs to maintain and enhance best practices.
- Contribute to ongoing revision of accreditation or certification guidelines.
- Develop and monitor program budgets.
- Draft and negotiate memoranda of understanding and/or contracts with individuals, professional organizations, and community, regional, national, and international entities in accordance with UNH legal guidelines and placement site guidelines.

### **Clinical Research/Applied Scholarship**

Clinical faculty are understood to perform a broad array of activities within their discipline. As specified above, they may engage in applied scholarship/clinical research to meet required accreditation and/or licensure/certification requirements, with approval, but other kinds of research/scholarship are not required and cannot supplant core clinical activities and teaching duties. Clinical research/applied scholarship related to clinical activities is generally understood to include presentations and published refereed articles related to clinical innovations, assessment instruments, intervention or evaluation methods, clinical teaching/supervisory innovations, and descriptions of new programs to meet client or student needs.

### **F. Responsibilities and Privileges**

Clinical Faculty shall be treated fairly and equitably and in a comparable manner as other UNH faculty and staff in similar circumstances. Clinical Faculty are eligible for benefits in keeping with established USNH Board of Trustees policy.

Clinical Faculty members are engaged and supported by the University during the academic year to complete the activities as defined above in the Workload section (section E). Work assignments of Clinical Faculty should be consistent with the needs of their departments/colleges and the students they serve.

The University will inform Clinical Faculty members of their annual workload assignments a minimum of six weeks in advance of the start of each semester. When significant, unforeseen changes to duties become necessary, the University will promptly inform the Clinical Faculty member of any change(s) and the reason for the change(s). In the summer, Clinical Faculty may draw salary and other support from internal funds or external grants, the proposals for which have been approved by the dean and the University. There is also the potential for Clinical Faculty on academic year appointments to teach in the summer and the January term. Decisions regarding summer and January term course assignments shall be made based on equitable, consistent, and transparent department/unit and college processes.

Clinical Faculty shall encourage the free pursuit of learning in their students. They shall hold before them the best scholarly and ethical standards of their discipline. Clinical Faculty shall demonstrate respect for students and adhere to their proper roles as intellectual guides and advisors.

Clinical Faculty shall participate appropriately with other faculty in their academic program in the selection of textbooks and teaching materials (e.g. software, course notes, etc.).

Clinical Faculty members retain the authority to make the final determination of the grade to be awarded to each student in the Clinical Faculty member's class, subject to relevant institutional academic policies.

There is no *a priori* exclusion of Clinical Faculty from participating in the mechanisms of shared governance of their college, department, or any other appropriate unit solely on the basis of their employment category as Clinical Faculty.

Clinical Faculty members have full access to and use of the UNH Libraries and their materials, in accordance with UNH and Library policies.

Consistent with USNH policy, Clinical Faculty are eligible to consult up to one day per week and maintain full-time status.

Clinical Faculty are encouraged to actively engage in ongoing professional development (e.g., Center for Excellence in Teaching and Learning, peer-to-peer mentoring, and/or interdisciplinary/interprofessional activities). Though Clinical Faculty are not eligible for sabbatical leave or tenure, they are eligible for and may petition for a semester of professional development leave related to their area of clinical expertise<sup>4</sup>. Clinical Faculty are encouraged to participate in professional activities as a means of improving not only their own competence and prestige, but the prestige of the University. While engaging in these activities, Clinical Faculty members have the obligation to avoid ethical, legal, financial and other conflicts of interest to ensure that their outside activities and interests do not conflict with their primary responsibilities at the institution, consistent with the University policy on Conflict of Interest and Commitment. Professional activities include, but are not limited to, expertise associated with teaching, professional development, clinical research/applied scholarship, and service/administration.

When Clinical Faculty members speak or write as members of the public, they should make every effort to indicate that they are not speaking for the University. They may identify their University affiliation so long as no University sponsorship or endorsement is stated or implied.

Clinical Faculty will assist appropriate University officials to protect the safety of students, colleagues, and the university community. In particular (but not by way of limitation), Clinical Faculty will immediately notify appropriate University officials (e.g., UNH Police or the Title IX Coordinator) of any information that comes to their attention about possible 1) acts of sexual violence by or against a student or which occur on University property, or 2) threats of harm to self or others posed by a member of the university community. The University will collaborate on dissemination to Clinical Faculty of educational materials regarding the role they play in supporting a safe and equitable university environment. Clinical Faculty have the right to receive formal and timely notification, including any necessary training, of any changes in policies, regulations, and/or other legal mandate that Clinical Faculty are expected to follow.

Any Clinical Faculty has the right to file a grievance in accordance with the University Grievance Policy<sup>5</sup>.

## **G. Performance Review**

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<sup>4</sup> Professional development opportunities may be found at: <http://learnforlife.unh.edu/profdev>  
Guidelines for applying for a professional development leave for nonunion employees is provided in UNH policy USY.V.E.4 may be found at: <http://www.usnh.edu/policy/usy/v-personnel-policies/e-professional-development-and-training#usyve4>

<sup>5</sup> University of New Hampshire, Human Resources, Compliant and Grievance Process (FAIR), <https://www.unh.edu/hr/fair>

The continued improvement of Clinical Faculty, especially as it applies to clinical teaching and clinical activities, is crucial to the educational mission and vision of the University. The performance review should provide candid, respectful, and objective feedback as part of a reflective professional development process. It is the responsibility of the individual Clinical Faculty member to assemble and maintain all documents that pertain to performance review and promotion. Each Clinical Faculty will be evaluated annually on his/her workload, as outlined in section F.

The annual performance review is initiated by the Clinical Faculty member and consists of three parts: 1) the Clinical Faculty member completes the report specified by the formal University annual activity reporting system, 2) the Clinical Faculty's performance is reviewed by the chair or her/his designee, and 3) the chair or designee compiles a written annual review to be sent to the Clinical Faculty member and the dean.

Tasks to be completed by the Clinical Faculty member prior to the annual performance review:

- *Annual Report* - All Clinical Faculty shall complete an annual report by May 15<sup>th</sup> each academic year using the formal University annual activity reporting system. Clinical Faculty have the option to submit additional information regarding their performance. As part of formal University activity reporting system, Clinical Faculty will complete the "Self- Assessment of Past Year and Plans for Upcoming Year/Additional Information." All Clinical Faculty shall be responsible for maintaining copies of original course evaluations and course syllabi for each year of service. Based on department or college guidelines, course syllabi should be submitted to the department or program each year.
- *Meeting* – Clinical Faculty are responsible for scheduling a meeting with the chair to review the faculty member's annual performance (as described below).

Tasks to be completed by the chair related to the annual performance review:

*Annual Review* - During the Clinical Faculty's appointment, the chair shall provide Clinical Faculty with a written performance review annually by June 15<sup>th</sup>. Prior to finalizing the annual performance review the chair, shall hold a review meeting with the Clinical Faculty, unless waived by the Clinical Faculty. The purpose of the meeting is 1) to provide candid, respectful, and objective feedback, 2) to enhance professional development of the Clinical Faculty member, 3) to document the outcome of the review, and 4) to summarize future expectations. The written review shall convey assessment of overall performance, including any necessity for improvement and growth, as well as any areas of excellence. The chair and/or associate dean and/or dean will also suggest, when appropriate, potential resources and mechanisms to foster professional development and improvement.

- *Teaching Activities* – Evaluation of teaching activities may include one or more of the following tools: course evaluations from students, optional Mid-course Assessment Program (MAP), optional instructor self-reflection, and the information provided by the formal University annual activity reporting system. In the review of student course evaluations, the chair will exercise judgment with respect to potential mitigating factors such as response rate, class size, and level of course.

*Classroom Observation* - A classroom observation, by physical or virtual means, of each Clinical Faculty shall occur at least once per appointment period. The evaluator will be chosen by the Dean from among faculty who volunteer to count classroom observation(s) toward their service obligations. He or she should hold equal or higher academic rank (higher rank for an Assistant Clinical Professor) and be from

the same or a related discipline. The observer will provide a written assessment of the Clinical Faculty's teaching to him/her and the chair.

- *Service Activities* – Evaluation of service completed during the appointment period will be based on the chair's assessment of quality of execution of the assigned duties, including information in the formal University annual reporting system.
- *Clinical research/Applied scholarship* (when appropriate) - Evaluation will be based on the chair's assessment of quality of execution of the assigned duties, including information in the formal University annual reporting system.

Following the performance review meeting, a final copy of the report, in the form of a summary letter, will be sent to the Dean and placed in the faculty member's personnel file.

Should the Clinical Faculty disagree with the content of the review or interpretation of the results, he or she may provide a rebuttal letter within 10 working days. This letter shall be included in the review documentation submitted to the college dean and for inclusion in the Clinical Faculty's personnel file.

## **H. Promotion Reviews**

Clinical Faculty have opportunities for promotion from Clinical Assistant Professor to Clinical Associate Professor and Clinical Professor. All colleges, departments and programs that include Clinical Faculty must have promotion policies in place, including criteria and standards to be used for the review process. It is the responsibility of each candidate for promotion to assemble and submit dossier material for promotion consideration. Clinical Faculty are not required to seek promotion. If a Clinical Faculty is not promoted, the existing academic title will remain in place.

### *Promotion*

Promotion to Clinical Associate Professor or to Clinical Professor will follow the usual college promotion processes through the level of the Dean. The final promotion decision will be made by the Provost in consideration of the materials provided by the faculty member, the recommendation of the department committee, chair, college committee, the Dean, the Graduate Dean, if relevant, as well as any other relevant information, experiences, etc.

- For Clinical Faculty promotion cases, the department and college promotion committees will include (i.e., adding if necessary) at least one Clinical Faculty of equal or higher rank than the candidate, with voting privileges for Clinical Faculty cases only. Due to the lack of available Clinical Faculty at the Full Professor level, finding adequate faculty to populate Promotion committees may be difficult. In the event that Clinical Faculty of an equal or higher rank than the candidate's proposed rank are unable to participate in the promotion process, it is acceptable to have a Clinical Faculty member at the candidate's existing rank serve as a member on the committee. Efforts shall be made to include committee member(s) with a similar disciplinary background to that of the candidate. If the department has no other Clinical Faculty of equal or higher rank, one will be selected by the dean from a related department.

No member of the Promotion Committee may have a relationship with the candidate that might constitute a real or perceived conflict of interest in objectively and fairly evaluating the candidate for promotion. In such cases, an appropriate alternate committee member shall be selected by the college dean.

### *Dossier for Promotion*

A candidate for promotion to any Clinical Faculty rank shall prepare a curriculum vitae, a statement and dossier on Clinical Activities, Clinical Teaching, Other Teaching, Service, Program Direction, and/or Clinical Research/Applied Scholarship as appropriate. The statement and dossier will focus on each of the above-listed areas as applicable to the candidate's written appointment letter, workload assignments, and expectations. The candidate may provide an integrated statement of all applicable areas or provide a separate description of each area. The candidate will include in the dossier:

- The university course evaluations of all courses taught during the appointment period, to include all ratings/numbers and a selection of student comments/responses that is objectively representative of those received
- All peer reviews of teaching performance, as applicable
- All annual evaluation documents since the last promotion; the candidate may include any clarifications or rebuttals that were entered into the personnel file as specified elsewhere in this document

The department Promotion Committee will seek and secure additional input, including objective evaluation letters from former students and from relevant faculty and/or staff colleagues. The dossier shall include as appropriate to the Clinical Faculty's roles and responsibilities and consistent with department and college common practice:

- Evaluation letters from former students
- Evaluation letters from relevant faculty members having knowledge of the candidate's performance
- Evaluation letters from individuals or organizations that have been assisted or served by the faculty member
- Selected recent course syllabi
- Selected course materials
- Evidence of the quality of mentoring of and support for students
- Materials reflecting the candidate's substantial personal work in developing, implementing, leading, and/or supporting programs
- Summary of service activities

While not required, representative examples of the following information may be included by the candidate in the dossier as applicable:

- Outside presentations, publications and professional activities
- Outside recognition and reviews for one's publications and/or presentations
- Copies of exemplary publications, lectures, reports
- Exemplary recommendation letters written for students
- Participation in reviews for other professionals, textbook companies, etc.
- Any other information that is relevant to the candidate's assigned responsibilities

Given the variable nature of a Clinical Faculty's assigned responsibilities, additional materials may be submitted that support or are relevant to the candidate's application package.

Promotion materials are maintained in respective Deans'/Directors' offices after the promotion case is forwarded to the Dean for review. The evaluative portions of each case are kept

confidential. Candidates, in the presence of the Department Chairperson or Dean, may have access to the non-evaluative promotion materials. In order to encourage participation and to assure candor, evaluations related to the promotion process are considered confidential and are not, therefore, available to the candidate. Further, with respect to letters of evaluation and other personal evaluations of a candidate, the promotion file must include a statement indicating which evaluations were invited and which were not invited; and if invited, what process was used to determine from whom an evaluation was requested and in what manner an evaluation was requested-

Once during the promotion process, at any step, the candidate may request a summary of the confidential materials which will be prepared by a member of the faculty, other than the candidate, selected by the following procedure. The candidate will propose a list of at least three members of the faculty and the Dean will choose one of them. This summary must include the names of individuals whose evaluations are in the file. The summary of confidential materials should not attribute summary statements by name. Candidates (and only candidates) shall be entitled to submit a rebuttal within one week of receiving the summary statement of confidential material. If a rebuttal is submitted, the summary upon which it is based becomes a part of the promotion file. If the candidate does not submit a rebuttal, the summary does not become a part of the promotion file. Finally, any material in the file which the candidate can demonstrate to the University to be inaccurate or untrue shall be immediately removed.

### *Promotion Timeline*

In consultation with the chair the Clinical Faculty will initiate the promotion process. While there is no minimum or maximum number of years of service for eligibility for promotion, it is typical that the process for evaluation of promotion to Clinical Associate Professor be initiated in the sixth or subsequent year of continuous or cumulative employment at the rank of Clinical Assistant Professor. It is typical that the process for evaluation of promotion to Clinical Professor be initiated in the fifth or subsequent year of continuous or cumulative employment at the rank of Clinical Associate Professor.

- The Clinical Faculty will notify the chair and dean in writing that s/he is initiating the promotion review process by April 1<sup>st</sup> of the academic year prior to the review process.
- The Clinical Faculty will submit the promotion dossier to the chair for transmittal to the promotion committee by the first week of the semester of the academic year in which he/she wishes to be considered for promotion.
- The Department Promotion Committee will be appointed by the chair (in some cases, following a departmental election) no later than October 1 of the academic year in which the Clinical Faculty member wishes to be considered.
- The Chair transmits the recommendations of the Department Promotion Committee, as well as the Chair's independent evaluation to the dean by December 2<sup>nd</sup> of the academic year in which the Clinical Faculty member wishes to be considered. The Chair also informs the Clinical Faculty member of these recommendations in writing.
- The Dean transmits the recommendations of the College Promotion Committee and the Dean's (and, in cases of members of the Graduate faculty, the Graduate Dean's) independent evaluation(s) to the Provost by February 3<sup>rd</sup> of the academic year in which the Clinical Faculty member wishes to be considered. The Dean also informs the Clinical Faculty member of her/his recommendation and that of the college committee in writing, including a concise summary of the primary reasons for these recommendations.

- Any salary increase associated with a promotion will become effective at the beginning of the appointment period.
- Any Clinical Faculty has the right to file a grievance in accordance with the University Grievance Policy<sup>6</sup> if he/she is not promoted and can demonstrate clearly that the processes were not properly followed or that the Department's and/or College's approved promotion policies were applied in an arbitrary or capricious manner.

Approved: May 30, 2017

Revised: October 5, 2017

Revised: March 16, 2018

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<sup>6</sup> University of New Hampshire, Human Resources, Complaint and Grievance Process (FAIR), <https://www.unh.edu/hr/fair>