

DEPARTMENTAL ASSURANCE FORM

Please read and initial each statement below.

_____ I have reviewed my curriculum vitae before submitting it for review and attest that the information it contains is current and accurate to the best of my knowledge.

_____ I understand that I do not have the right to be informed of the identity of the extramural evaluators.¹

_____ I acknowledge that I have had the opportunity to respond in writing to extramural evaluations and that my response, if any, was included in the review materials prior to consideration by any reviewing person or body.²

_____ I acknowledge that I have the right to add newly available material evidence for reconsideration by evaluators.³

_____ I have had the opportunity to submit supporting material to the proper departmental committee in response to evidence, if any, of professional misconduct.⁴

Candidate's Printed Name

Department

Candidate's Signature

Date

Revised 11/3/11

¹ Redbook Chapter 4, Article 4.2, Sec. 4.2.2.H.4.

² Redbook Chapter 4, Minimum Guidelines, Section IV, D.5.b.

³ Redbook Chapter 4, Article 4.2, Sec. 4.2.2.H.4.

⁴ School of Medicine Policy for Promotion, Appointment and Tenure and for Periodic Career Review, II.K.6.b.6.