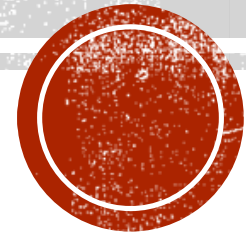


UOFL FOLIO SECTIONS

School of Medicine



TWO MAIN SECTIONS

Profile Quicklinks ▾

i Enter information in each section to complete your profile. Some information in the Personal Information, Contact Information, and Current Position sections is uploaded institutionally.

At your option, you may add additional information you wish to add.

Questions about information you are not able to edit should be directed to your departmental or academic unit human resources personnel.

Jump to Section ▾ Show All | Hide All

- ▶ Personal Information ? He
- ▶ Contact Information ? He
- ▶ Current Position ? He
- ▶ Rank and Promotion History ? He
- ▶ Institutional Appointments ? He
- ▶ Work Experience ? He
- ▶ Degrees ? He
- ▶ Post-Graduate Training ? He
- ▶ Professional Licensures ? He
- ▶ Certifications ? He
- ▶ Additional Training ? He
- ▶ Military Experience ? He
- ▶ Membership in Professional Organizations ? He
- ▶ Academic Interest Areas ? He
- ▶ Personal Statement ? He

Activities

1 Use these sections to enter your academic and professional activities.

Important notes:

- Fields names within each section that are followed by an asterisk (*) are required to save the information entered.
- Select "Start Semester" fields according to when the activity began.
- For the "End Semester" fields, select when the activity ended or "Ongoing" if the activity has not ended.
- School of Medicine Faculty Only:** Consider Spring Semester to begin in January and run through June. Consider Fall Semester to begin in July and run through December. Disregard Summer and Winter Semester.
- After you have entered information for the activity, click "Save" to save and continue editing, "Save and Add Another" to add another activity in the section, or "Save and Go Back" to move to another activity section.

Jump to Section ▾ Show All | Hide All

- ▶ Annual Work Plan: Summative ? Hel
- ▶ Teaching: Courses ? Hel
- ▶ Teaching: Non-Credit Instruction ? Hel
- ▶ Mentoring and Structured Student/Clinical Trainee Learning ? Hel
- ▶ Publications, Creative Works, Presentations, Patents/Intellectual Property ? Hel
- ▶ Grants and Contracts ? Hel
- ▶ Service: Institutional Committees ? Hel
- ▶ Service: Other Institutional Service ? Hel
- ▶ Service: Hospital Committees ? Hel
- ▶ Service: Extramural ? Hel
- ▶ Community Engagement ? Hel
- ▶ Professional Development ? Hel
- ▶ Honors and Awards ? Hel
- ▶ Consulting ? Hel
- ▶ Clinical Activities ? Hel

When inputting activities: Consider Spring Semester to begin in January and run through June. Consider Fall Semester to begin in July and run through December. Disregard Summer and Winter Semester.



Personal Information



First Name
Middle Initial
Last Name
Suffix
Honorific
Preferred Name Locked
Gender
Race / Ethnicity
Country of Origin
Languages

- ▶ Current Position
- ▶ Rank and Promotion History
- ▶ Institutional Appointments
- ▶ Work Experience
- ▶ Degrees
- ▶ Post-Graduate Training
- ▶ Professional Licensures
- ▶ Certifications
- ▶ Additional Training
- ▶ Military Experience
- ▶ Membership in Professional Organizations
- ▶ Academic Interest Areas
- ▶ Personal Statement

Contact Information

Office Number
Office Building
Street 1
Street 2
City
State or Province
Country
Zip / Postal Code
Email Address
Secondary Email
Website
Work Phone
Home Phone
Cell Phone
Pager
Department Phone
Fax Number
Emergency Contact
Emergency Contact Phone
Personal Street 1
Personal Street 2
Personal City
Personal State
Personal Zip

PROFILE SECTIONS

These sections are fairly self explanatory.

Some information in the Personal Information, Contact Information, and Current Position sections are uploaded institutionally.

You may add additional information you wish to add.

Questions about information you are not able to edit should be directed to your departmental or academic unit human resources personnel.



School of Medicine Faculty Only: Consider Spring Semester to begin in January and run through June. Consider Fall Semester to begin in July and run through December. Disregard Summer and Winter Semester.

** Indicates required field*

A Input Form

| | | |
|---|----------------------|---------------|
| Start Semester* | Select Semester ▼ | Select Year ▼ |
| End Semester* | Ongoing ▼ | Ongoing ▼ |
| Teaching Percentage* | <input type="text"/> | |
| Research or Creative Activity Percentage* | <input type="text"/> | |
| Service Percentage* | <input type="text"/> | |
| Total AWP Percentage | <input type="text"/> | |

B Attachments

| Attachment Type | Attachment |
|-----------------|---|
| File ▼ | <input type="button" value="Upload File"/> no file uploaded |

Add Another

ACTIVITY SECTIONS

Annual Work Plan: Summative

Select academic term and year, then enter annual work plan (AWP) percentages into each activity field.

Total percentage must equal 100%.

"Ongoing" means the percentages are not expected to change from year to year. They may be updated should percentages change.



A Input Form

| | | |
|--------------------------------|--|---------------|
| Start Semester* | Select Semester ▾ | Select Year ▾ |
| End Semester* | Ongoing ▾ | Ongoing ▾ |
| Title* | <input type="text"/> | |
| Institution or Organization | <input type="text" value="University of Louisville"/> | |
| Location Instruction Delivered | <input type="text"/> | |
| Number of Participants | <input type="text"/> | |
| Description | <div style="border: 1px solid #ccc; padding: 5px;"><p>+ ▾ 11pt ▾ B <i>I</i> <u>U</u> </p><p><></p><p style="text-align: right;">0 WORDS</p></div> | |
| Date or Start Date | <input type="text"/> | |
| End Date | <input type="text"/> | |

B Activity Classifications

| | |
|-------------------------------|--|
| Non-Credit Instruction Type ? | Select ▾ |
| Teaching Level ? | <input type="checkbox"/> Undergraduate <input type="checkbox"/> Certificate <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral <input type="checkbox"/> Post-Doc <input type="checkbox"/> Undergraduate Medical Education <input type="checkbox"/> Graduate Medical Education <input type="checkbox"/> Professional |
| Method of Delivery ? | Select ▾ |

C Attachments ?

| Attachment Type | Attachment |
|-----------------|---|
| File ▾ | <input type="button" value="Upload File"/> no file uploaded |

ACTIVITY SECTIONS

Teaching: Non-credit instruction

Use this section to document instructional/teaching activities for which student credit hours were **not** generated. Instruction may be at the University of Louisville or another institution or organization. Example: Grand Rounds , Guest lectures, courses given to medical school residents that do not generate student credit hours.

Note: Dissertation and master thesis supervision, etc., should be NOT be entered here. Enter that information in the "Mentoring and Structured Student/Clinical Trainee Learning" section.



A Details of Mentoring / Structured Student/Clinical Trainee Learning

Instructions for Semester and Year: Select Start Semester and Year according to when the structured learning took place. For End Semester, select "Ongoing" if project is not complete. Otherwise select End Semester and Year to reflect when project ended

School of Medicine Faculty Only: Consider Spring Semester to begin in January and run through June. Consider Fall Semester to begin in July and run through December. Disregard Summer and Winter Semester.

Instructions for Student Name: Enter name of student/trainee

Instructions for Title of Project: Enter title of the project, e.g. name of the honors, dissertation or master's thesis project

| | | |
|--|----------------------|---------------|
| Start Semester* | Select Semester ▾ | Select Year ▾ |
| End Semester* | Ongoing ▾ | Ongoing ▾ |
| Mentee / Student / Clinical Trainee Name | <input type="text"/> | |
| Title of Project / Description of Activity | <input type="text"/> | |

B Activity Classifications

| | |
|-----------------------------------|----------------------------|
| Mentoring / Learning Experience ? | Select ▾ |
| Role ? | Select ▾ |
| Status ? | Select ▾ |
| Institution ? | University of Louisville ▾ |

C Attachments ?

| Attachment Type | Attachment |
|-----------------|---|
| File ▾ | <input type="button" value="Upload File"/> no file uploaded |

[Add Another](#)

ACTIVITY SECTIONS

Mentoring and Structured Student/Clinical trainee Learning

Use this section to enter mentoring or teaching activities with individual students, clinical trainees or other faculty. Examples of activities entered here include: independent study, honors thesis supervision, service on masters or dissertation committees, supervision of clinical trainee research projects, supervision of student teachers or practicum students, and other structured mentoring.



Activity Input

Publications, Creative Works, Presentations, Patents/Intellectual Property

Manual Input ?

Select ▼

- Fine Arts, Theatre Arts, Music: Publication of Prints
- Fine Arts, Theatre Arts, Music: Published Feature of Work
- Fine Arts, Theatre Arts, Music: Published Review of Work
- Journal Article**
- Legal Brief
- Live Performance/Recorded Performance
- Magazine Article
- Map
- Model/Proposed Statute or Bill
- Music
- Newspaper Article
- Online Presence (Blog/Podcast)
- Other Creative Activity
- Other Scholarly Work
- Pamphlet
- Patent and Intellectual Property
- Policy/Position Paper
- Presentation
- Production
- Technical Report

or

Import ?

- Generic (RIS / BibTeX)
- Medline / PubMed [Copyright and Disclaimer Notice](#)
- Web of Science ®

ACTIVITY SECTIONS

[Publications, Creative Works, Presentations, Patents/Intellectual Property](#)

This is the section where you enter your books, book chapters, publications, patents, presentations, etc.

You can enter the information manually or import from RIS/BibTeX, PubMed or Web of Science



A Input Form

| | | | | |
|--------------------------|---|--------------|--------|--------|
| Status* | Select | for Semester | Select | Select |
| Title* | <input type="text"/> | | | |
| Funding Agency / Sponsor | <input type="text"/> | | | |
| Grant ID / Contract ID | <input type="text"/> | | | |
| Abstract | <div style="border: 1px solid #ccc; padding: 2px;"> + - 11pt - B <i>I</i> <u>U</u> </div> <div style="border: 1px solid #ccc; height: 40px; margin-top: 2px;"></div> | | | |
| | 0 WORDS <small>id</small> | | | |

| Collaborators | First Name | Middle Initial | Last Name | Author / Contributor Type* | Percent Effort | Faculty at your Institution |
|---------------|------------|----------------|-----------|----------------------------|----------------|-------------------------------------|
| 1 | Beth | | Williams | Select | | <input checked="" type="checkbox"/> |

Add

| | |
|-------------|---|
| URL | <input type="text"/> |
| Description | <div style="border: 1px solid #ccc; padding: 2px;"> + - 11pt - B <i>I</i> <u>U</u> </div> <div style="border: 1px solid #ccc; height: 40px; margin-top: 2px;"></div> |
| | 0 WORDS <small>id</small> |

B Dates & Funding Periods

| | |
|--------------------|---|
| Award Date | <input type="text"/> |
| Start Date* | <input type="text"/> |
| End Date | <input type="text"/> |
| Number of Periods* | Select <input type="text"/> each composed of* <input type="text"/> Years <input type="text"/> |

C Funded Amounts

| | |
|------------------|---|
| Indirect Funding | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Currency | USD <input type="text"/> |

D Activity Classifications

| | |
|-----------------------------|-----------------------------|
| EVPRI Grant Status ? | Select <input type="text"/> |
| Internal/External ? | Select <input type="text"/> |
| Percentage of Directs ? | <input type="text"/> |
| Percentage of Indirects ? | <input type="text"/> |
| Percentage of Total Award ? | <input type="text"/> |
| Type of Funding* ? | Select <input type="text"/> |
| Type of Grant* ? | Select <input type="text"/> |

E Attachments ?

| Attachment Type | Attachment |
|---------------------------|---|
| File <input type="text"/> | <input type="button" value="Upload File"/> no file uploaded |
| Add Another | |

ACTIVITY SECTIONS

Grants and Contracts

Grants and Contracts managed by the Office of the Executive Vice President for Research and Innovation (EVPRI) are bulk uploaded in this section and may not be edited by faculty.

Questions about entries may be directed to Janet Johnson in the EVPRI's Research Development and Strategic Initiatives Office at 852-8358 or by email to janet.johnson@louisville.edu

Faculty may enter information for grants and contracts not managed by the EVPRI Office.

You may also input the information manually.



A Input Form

| | | |
|-----------------|---|---------------|
| Start Semester* | Select Semester ▼ | Select Year ▼ |
| End Semester* | Ongoing ▼ | Ongoing ▼ |
| Unit* | University of Louisville Change ← | |
| Committee* | Select ▼ | |

B Activity Classifications

| | |
|-----------|----------|
| Elected ? | Select ▼ |
| Role ? | Select ▼ |

C Attachments ?

| Attachment Type | Attachment |
|-----------------|-------------------------------------|
| File ▼ | Upload File no file uploaded |

ACTIVITY SECTIONS

Service: Institutional Committees



Enter your institution committee service here. This section is for University of Louisville committees that are university-wide, SOM, department and division committees.

Hospital committees should **NOT** be placed here. These should be listed under the section titled Service: Hospital Committees.

Select the "Unit" where the committee service occurred by clicking "Change" and selecting the appropriate unit (e.g., university, academic school/college, department)



A Input Form

| | | |
|-----------------|---|---------------|
| Start Semester* | Select Semester ▾ | Select Year ▾ |
| End Semester* | Ongoing ▾ | Ongoing ▾ |
| Title* | <input type="text"/> | |
| Unit* | University of Louisville Change | |
| Description | <input type="text"/>   | |

B Activity Classifications

| | |
|-------------------|----------------------|
| Compensated ? | Select ▾ |
| Elected ? | Select ▾ |
| Estimated Hours ? | <input type="text"/> |
| Role ? | Select ▾ |
| Service Type ? | Select ▾ |

C Attachments ?

| Attachment Type | Attachment |
|-----------------|--|
| File ▾ | Upload File no file uploaded |

[Add Another](#)

ACTIVITY SECTIONS

Service: Other Institutional Service

Use this section to list institutional service other than committee work and other than appointments to administrative positions (e.g., department chair, assistant chair, assistant dean, program director). The latter should go in the Profile area under "Institutional Appointments".



A Input Form

| | | |
|-----------------|----------------------|---------------|
| Start Semester* | Select Semester ▾ | Select Year ▾ |
| End Semester* | Ongoing ▾ | Ongoing ▾ |
| Hospital* | Select ▾ | |
| Committee* | <input type="text"/> | |
| Description | <input type="text"/> | |

B Activity Classifications

| | |
|-----------|----------|
| Elected ? | Select ▾ |
| Role* ? | Select ▾ |

C Attachments ?

| Attachment Type | Attachment | Type | Lock <small>(faculty cannot delete)</small> |
|-----------------|---|----------|--|
| File ▾ | <input type="button" value="Upload File"/> no file uploaded | Select ▾ | <input checked="" type="checkbox"/> |

ACTIVITY SECTIONS

Service: Hospital Committees

Enter your hospital committee service here (e.g., University of Louisville Hospital, James Graham Cancer Center, Jewish Hospital, Norton Hospital, Norton Children's Hospital, VA Medical Center)

Note: Clinical service provided in hospitals should be entered in the "Clinical Activities" section.



A Details of Extramural Service

| | | |
|------------------------|----------------------|---------------|
| Start Semester* | Select Semester ▼ | Select Year ▼ |
| End Semester* | Ongoing ▼ | Ongoing ▼ |
| Organization* | <input type="text"/> | |
| Description | <input type="text"/> | |
| Journal Name/Publisher | <input type="text"/> | |
| Number of Reviews | <input type="text"/> | |
| Estimated Hours | <input type="text"/> | |

B Activity Classifications

| | |
|------------------------------|----------|
| Type of Extramural Service ? | Select ▼ |
| Role ? | Select ▼ |
| Scope ? | Select ▼ |
| Work Plan Area ? | Select ▼ |

C Attachments ?

| Attachment Type | Attachment |
|-----------------|---|
| File ▼ | <input type="button" value="Upload File"/> no file uploaded |

ACTIVITY SECTIONS

Service: Extramural

Enter extramural service here. Dates and organization name are the only required sections.



A Input Form

| | |
|--|--|
| Start Semester* | Select Semester ▾ Select Year ▾ |
| End Semester* | Ongoing ▾ Ongoing ▾ |
| Name of Activity | <input type="text"/> |
| UofL Center or Institute Affiliation | Select ▾ |
| Other College, School, or Administrative Units That Are Involved | <input type="checkbox"/> College of Arts and Sciences <input type="checkbox"/> College of Business <input type="checkbox"/> College of Education and Human Development <input type="checkbox"/> Executive Vice President for Health Affairs <input type="checkbox"/> Executive Vice President for Research <input type="checkbox"/> Kent School of Social Work <input type="checkbox"/> President <input type="checkbox"/> Provost <input type="checkbox"/> School of Dentistry <input type="checkbox"/> School of Law <input type="checkbox"/> School of Medicine <input type="checkbox"/> School of Music <input type="checkbox"/> School of Nursing <input type="checkbox"/> School of Public Health and Information Sciences <input type="checkbox"/> Senior Vice President for Finance and Administration <input type="checkbox"/> Speed School of Engineering <input type="checkbox"/> University Libraries <input type="checkbox"/> Vice President Business Affairs <input type="checkbox"/> Vice President Community Engagement <input type="checkbox"/> Vice President for Athletics <input type="checkbox"/> Vice President Human Resources <input type="checkbox"/> Vice President Information Technology <input type="checkbox"/> Vice President Student Affairs <input type="checkbox"/> Vice President University Advancement |
| External Partner Organization* | <input type="text"/> |
| External Partner Contact Person | <input type="text"/> |
| Partner Contact Email | <input type="text"/> |
| Type of Activity | <input type="checkbox"/> Partnership (ongoing collaborative activity) <input type="checkbox"/> Outreach (temporary or short term service activities) <input type="checkbox"/> Curricular Engagement (involving a UofL course) <input type="checkbox"/> Engaged Scholarship (faculty involved in research) |
| Description of Activity | <input type="text"/> |
| Was the Activity in West Louisville | Select ▾ |
| If Activity Took Place Outside the U.S., List Applicable Countries | <input type="text"/> |
| Activity's Impact on the Community | <input type="text"/> |

ACTIVITY SECTIONS

Community Engagement

Please use these forms to let us know about your activities with external partners locally, across the Commonwealth, in the U.S., or abroad. Contact [Pat Smith](#) with the UofL Office of Community Engagement with any questions.



A Input Form

| | | |
|---|----------------------|---------------|
| Start Semester* | Select Semester ▼ | Select Year ▼ |
| End Semester* | Ongoing ▼ | Ongoing ▼ |
| Title | <input type="text"/> | |
| Sponsoring Organization | <input type="text"/> | |
| Location | <input type="text"/> | |
| Continuing Professional Education Hours | <input type="text"/> | |
| Description | <input type="text"/> | |
| Year | Select ▼ | |

B Activity Classifications

| | |
|----------------------|----------|
| Activity Type ? | Select ▼ |
| Method of Delivery ? | Select ▼ |

C Attachments ?

| Attachment Type | Attachment |
|-----------------|---|
| File ▼ | <input type="button" value="Upload File"/> no file uploaded |

[Add Another](#)

ACTIVITY SECTIONS

Professional Development

Enter professional development activities you have participated in this section.

Enter title, sponsoring organization, location, continuing professional education hours (if applicable), description, year of the professional service experience, activity type, and method of delivery.



A Input Form

| | | |
|-------------------------|----------------------|---------------|
| Semester* | Select Semester ▼ | Select Year ▼ |
| Honors/Award Title | <input type="text"/> | |
| Year Conferred | Select ▼ | |
| Conferring Organization | <input type="text"/> | |
| Additional Details | <input type="text"/> | |

B Activity Classifications

| | |
|---------|----------|
| Scope ? | Select ▼ |
|---------|----------|

C Attachments ?

| Attachment Type | Attachment |
|-----------------|---|
| File ▼ | <input type="button" value="Upload File"/> no file uploaded |

[Add Another](#)

ACTIVITY SECTIONS

Honors and Awards

Use this section to enter any honors and awards you have received. Include honors and awards conferred within the University of Louisville (e.g., the institution, your academic unit or department) and honors and awards conferred by extramural organizations.



A Input Form

| | | |
|--------------------------|----------------------|---------------|
| Start Semester* | Select Semester ▾ | Select Year ▾ |
| End Semester* | Ongoing ▾ | Ongoing ▾ |
| Client Name | <input type="text"/> | |
| Estimated Hours Involved | <input type="text"/> | |
| Description | <input type="text"/> | |
| Location | <input type="text"/> | |
| Consulting Type* | Select ▾ | |

B Activity Classifications

| | |
|---------------|--------|
| Compensated ? | Select |
|---------------|--------|

- Select
- Academic/Education
- Board
- Business
- Executive Coaching
- Executive Education
- Government
- Legal
- Non-Profit
- Other

C Attachments ?

| Attachment Type | Attachment |
|-----------------|---|
| File ▾ | <input type="button" value="Upload File"/> no file uploaded |

[Add Another](#)

ACTIVITY SECTIONS

Consulting

Enter consulting activities here.

There are multiple consulting types to choose from. If the type isn't listed you can pick "Other" to manually enter the type.

You can also select whether you were compensated for the consultation.



A Details of Clinical Activity

Enter details in fields below.

| | | |
|---------------------------|----------------------|-----------|
| Start Semester* | Fall ▼ | 2021 ▼ |
| End Semester* | Ongoing ▼ | Ongoing ▼ |
| Position Title | <input type="text"/> | |
| Name of Clinical Facility | <input type="text"/> | |
| Description | <input type="text"/> | |

B Attachments

| Attachment Type | Attachment | Type | Lock <small>(faculty cannot delete)</small> |
|-----------------|---|----------|--|
| File ▼ | <input type="button" value="Upload File"/> no file uploaded | Select ▼ | <input checked="" type="checkbox"/> |

[Add Another](#)

ACTIVITY SECTIONS

Clinical Activities

Enter clinical activities here.

You have 3 text boxes to enter your position title, name of the clinical facility and description of clinical work being performed.

