 DEPARTMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of the chairman

VIA FEDEX AND EMAIL: (evaluator’s email)

Date

Evaluator’s Name

Evaluator’s Title

Evaluator’s Department

Evaluator’s Division

Evaluator’s Institution

Street/Mailing Address

City State Zip

**Re: Request for letter of evaluation for promotion**

You have been recommended to us as someone who could provide an evaluation of our applicant for promotion, basing your opinion on a review of the applicant’s narrative, curriculum vitae and our College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ promotion guidelines.

Your evaluation is urgently required to allow (name of applicant - possessive) application to move forward.

Should your schedule not allow you to complete this evaluation, please so advise (UNMC contact) immediately via email (email address), fax (402/559-\_\_\_\_) or by phone (402/559-\_\_\_\_).

In evaluating the applicant, please consider the following:

* Due date for your letter: Day of week, full date
* Promotion applicant: **Name and credentials of applicant**
* Rank to be achieved through promotion: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Applicant’s self-assessment of levels of achievement:
* Teaching: \_\_\_
* Research \_\_\_
* Patient care: \_\_\_
* Service: \_\_\_
* UNMC criteria are listed on page \_\_\_ of the College of Medicine Guidelines excerpt.
* “General Criteria” must be met before “Specific Criteria” are applied.
* Four areas of accomplishment are reviewed for promotion:
  + Research and scholarly activities
  + Patient care
  + Teaching
  + Service.
* For each area, examples of specific criteria meeting levels 1, 2 and 3 are provided in the Guidelines excerpt.
  + Each of the areas of accomplishment must be addressed in your evaluation.
    - Please comment on each area with regard to adequacy of documentation for each specific criterion.
* Please indicate whether this applicant would be promoted to the requested rank at your institution.

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\_\_\_\_\_\_ Nebraska Medical Center / Omaha NE 68198-\_\_\_\_

402-559-\_\_\_\_ / Fax: 402-559-\_\_\_\_ / www.unmc.edu

Date

The applicant has waived/retained the right to read letters of evaluation, as is evidenced by the enclosed copy of the applicant’s Appendix D.

We are extremely appreciative of your time and effort, and look forward to your objective and fair assessment of the applicant.

Sincerely,

Chair of the Department

Chair’s Title

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

Omaha NE 68198-\_\_\_\_\_\_\_\_\_\_\_\_

XXX/xx

Encl: CV

Personal Narrative

COM Guidelines - excerpt

Appendix D