**Annual Faculty Self-Assessment Form**

**Name: Rank:**

**Department Name:**

**Division:**

# **Evaluation Period:**

**Effort:** \_\_\_\_% Research \_\_\_\_% Teaching \_\_\_\_% Administration \_\_\_\_% Clinical

Please attach current curriculum vitae reflecting entries below.

**Research – Clinical, Basic Science, Educational and Translational**

|  |  |
| --- | --- |
| **CATEGORIES REQUIRED FOR LCME** | **DESCRIPTION** *Number each entry. Add rows as needed.* |
| **Original peer-reviewed publication** *Provide PMID or citation.**-Basic Science**-Clinical (including epidemiological studies))**-Educational product (e.g., MedEd Portal)* |  |
| **Publications accepted/in press:** |  |
| **Book/book chapter***Provide citation.* |  |
| **Grants***For each category below:**List title, role (PI/Co-PI), agency, and amount*  |  |
| Newly funded |  |
| Continued active projects |  |
| Not Funded/Scored | 1.
 |

|  |  |
| --- | --- |
| **ADDITIONAL CATEGORIES** | **DESCRIPTION** *Number each entry. Add rows as needed.* |
| **Reviews/invited paper/other non-peer reviewed publications***Provide PMID or citation.* |  |
| **Letter to the editor***Provide citation.* |  |
| **Poster presentation at scientific national meeting***List title, location, date.* |  |
| **Oral presentation at scientific national meeting***List title, location, date.* |  |

**Teaching/Assessment**

|  |  |
| --- | --- |
| **CATEGORY** | **DESCRIPTION** *Number each entry. Add rows as needed.* |
| **Lecture/workshop/course***List lecture title, course prefix, and course number.*  |  |
| **Practicum/lab***List practicum title, course prefix, and course number.* |  |
| **Case discussion/small-group “active” learning session***List case discussions led, course prefix, and course number.* |  |
| **OSCE Rater or other Grading** |  |
| **Mentorship***List students you formally mentored in each category.* |  |
| Undergraduate student |  |
| Doctoral, masters, medical student |  |
| Faculty |  |
| Residents/fellow |  |
| **Other Assessment Activities** |  |

**Administration – Internal to FIU**

|  |  |
| --- | --- |
| **CATEGORY** | **DESCRIPTION** *Number each entry. Add rows as needed.* |
| **Committee chair***List committee, department, college, and university.* |  |
| **Committee member***List committee, department, college, and university.* |  |
| **Unit director***List unit, college, and university.* |  |
| **Course director***List course title, course prefix, and course number.* |  |
| **Other** |  |

**Service – External – Outside FIU**

|  |  |
| --- | --- |
| **CATEGORY** | **DESCRIPTION***Number each entry. Add rows as needed.* |
| **Editor***List journal or book.* |  |
| **Member of journal editorial board***List journal.* |  |
| **Reviewer** (journal, conference submissions) |  |
| **Member of congress or society***List congress or society.* |  |
| **Invited lecture***List lecture title and level (local, regional, national, international).* |  |
| **Other: reviewed submitted paper***List title.* |  |
| **Other: reviewed grant***List title and agency.* |  |
| **Other: prize, honorary membership, distinction, award***List the awarding body for each prize, membership, distinction, or award.* |  |
| **Member of national study section or committee***List organization.* |  |

**Formal Faculty Development Activities Attended**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **Dates** | **Time involved** | **Sponsor** | **Details of the activity and your involvement** |
|  |  |  |  |  |
|  |  |  |  |  |

**Other**

**20aa-20ab Performance Evaluation Report for Faculty
[Name]**

**Herbert Wertheim College of Medicine**

1. **Accomplishments** *(3-5 in order of priority, derived from last year’s goals, include supporting data)*
2. **Unrealized goals**
3. **Further action taken on unrealized goals under B.**

**20ab-20ac Performance Goals**

1. **Top goals** *(4 maximum, include metric for measuring of goals)*
2. **Other goals** *(4 maximum, include metric for measuring of goals)*

**Summary Evaluation and Recommendations** [To be inserted by Chair or Dean]

**Signatures**

Faculty Date

[Insert Chair’s name/EAD’s name and title] Date

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Dean & Sr. Vice President for Health Affairs Date