

Pathway Change Request
To be completed & signed by Department Chair

Faculty Member's Name: _____

Faculty Member's Department/Division: _____

Current Rank: _____

Current Pathway: _____

Date of this appointment to current rank and pathway: _____

Is this faculty member already tenured at UAMS? YES NO

History of previous appointments at other institutions – including rank, dates, and years in rank:

History of previous promotions at UAMS – including rank, dates, and years in rank:

History of any previous pathway changes or requests at UAMS:

New Pathway Requested: _____

Justification for Requesting to Change to New Pathway:

What will this person do going forward which is more consistent with the new pathway than the old one? (For example, for a clinical educator, it might be that the faculty member will serve as junior clerkship director.)

Enclose FTE allocation template sheet consistent with new pathway.

What is the current mix of faculty in your department (# faculty on each pathway)?:

Clinical Attending (NTE)	
Clinical Educator (TE)	
Clinical Educator (NTE)	
Clinical Scientist (TE)	
Clinical Scientist (NTE)	
Basic Scientist (TE)	
Basic Scientist (NTE)	

Signature of Department Chair: _____

Date: _____

Pathway Change Request
To be signed by the faculty member

Do you understand the promotion and tenure requirements of the new pathway and how they differ from your current pathway?

YES NO

Are your assigned duties and responsibilities consistent with success on the new pathway?

YES NO

If you have been on a non-tenure track for fewer than three years and are requesting a change to a tenure-eligible track, your tenure clock will be started on the effective date of your track change, if approved.

YES NO N/A

In light of the above considerations, is it your desire to change pathways as outlined by your department chair?

YES NO

Other comments:

Please attach current CV

Signature of faculty member: _____

Date: _____