### ACADEMIC PLAN - AC TRACK

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| --- | --- | --- | --- |
| ACADEMIC PLAN FOR (*NAME):* |  | DEGREE: |  |
|  |  |  |  |
| PROPOSED RANK: |  | PROPOSED START DATE: |  |
| *Choose One:* | [ ]  Appointment | [ ]  Reappointment | [ ]  Promotion |
| Mentor(s): |  |

|  |  |
| --- | --- |
| Designated Area of Concentration: |  |

 (***Not required*** *for Assistant rank appointment.* ***Required for*** *all actions at Associate and Full Professor ranks as well as all reappointments on or after the 2nd reappointment at the Assistant rank.)*

**Breakdown of Duties:**

|  |  |
| --- | --- |
|  | %Clinical Service **(Minimum 20% FTE of direct clinical service; CFTE should not exceed 90%)** |
|  | % Academic Activities |
|  | % Teaching & Educational Leadership (minimum 5%) |
|  | % Other (include **unfunded research-related activities** including referring patients for clinical trials; Registries, IRB Protocols, etc.; committee work & other assigned duties per Chair) |
|  |  |
|  | % Administrative Roles (funded; excludes education roles) |
|  | % Research (**funded roles**; must satisfy the following conditions):* Total activity on NIH or other federally sponsored research is limited to 10%
* Generally, may not be PI (includes multiple-PD/PI) on NIH or other federally sponsored research
* May serve in a leadership role and accept role specific support for non-federally sponsored clinical research
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|  |

***Add Description of Duties on the Next Page.***

## Brief Description of Duties:

**Clinical Service**:

**Academic Activities**:

**Teaching (*describe specific activities – UME, GME, CME, other. Include education leadership*)**:

**Other Academic Activities (*see description above*)**:

**Administrative Role (*Include title of funded administrative/leadership position*)**:

**Research (*clearly indicate funded role. See conditions above*.)**:

#### Approval Signatures:

*Electronic Signatures strongly encouraged.*

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|  |  |
| *Signature: Faculty Candidate* | *Date* |
|  |  |
| *Signature: Chief, Division of* | *Date* |
|  |  |
| *Signature: Education Officer* | *Date* |
|  |  |
| *Chair, Department of* | *Date* |