University of Oklahoma College of Nursing

Faculty Annual Report
January 1 – December 31, 20___

Full Name: ___________________________ Review Date: ________________

Rank: ___________________________ Tenure Status: ________________

Track: Clinical _____ Research _____ Tenure _____ Date of Employment ____________

Certifications: HIPAA _____ Fire and Safety: _____ Harassment and Discrimination: _____

Please use the “Side by Side Comparison of Promotional Tracks” as a guide in preparing this document. Be as complete as possible and focus on the outcomes of your activities, not just the activities themselves. To be considered for promotion, you must meet at least the bolded elements in the “Side by Side Comparison of Promotional Tracks” found at this intranet location - (https://intranet.nursing.ouhsc.edu/faculty.htm).

Academic Preparation: (Add current educational level, activities toward other educational levels, experience, etc. to your Faculty Outcomes Template and attach.)

Faculty Input:

Primary Reviewer Input:

Teaching Activities: (Add the courses taught, the lectures developed, course revision activities, results of student evaluations and student outcomes for courses taught, dissemination activities, etc. to your Faculty Outcomes Template and attach. Additional attachments, as needed, may be included.)

Faculty Input:

Primary Reviewer Input:

Research: (Add presentations developed and given, successful publications for the review cycle, grants applied for and grants awarded to your Faculty Outcomes Template and attach. This area should also include any evidence based practice activities and their outcomes, such as increased collaboration with partners or changes in accepted practice.)

Faculty Input:
Primary Reviewer Input:

**Service:** (Include OUHSC and CON committee participation and contributions, professional leadership and organizational activities and communities activities and partnership participations, etc. to the Faculty Outcomes template and attach.)

Faculty Input:

Primary Reviewer Input:

**Competency:** (Add identified activities that demonstrate maintaining competency for this review period to your Faculty Outcomes Template and attach. Examples are clinical practice - number of hours, continuing education – number of hours, completed advanced education academic hours, publications, presentations)

Faculty Input:

Primary Reviewer Input (include faculty input, CV review and document approval or need to improve):

GOALS:

**Previous goals and status** (List goals from last review and how each goal was met or current status):

Goals for the Coming Year:

**Primary Reviewer Final Overall Assessment and Signature:** (should include the Primary Reviewer’s overall assessment of the faculty member reviewed, any recommendations and the Final Summation of Exceeded, Met or Did Not Meet Criteria).

Comments:

**Signature of Primary Reviewer:** ________________________________
Final Summation:

<table>
<thead>
<tr>
<th>Exceeded</th>
<th>Met</th>
<th>Needs Improvement*</th>
<th>Did Not Meet*</th>
</tr>
</thead>
</table>

*Improvement plan must be submitted in concert with the evaluation.

Faculty Comments: (should include the Faculty’s signature of concurrence with the review or Faculty comments if areas are disputed).

Faculty Signature: _________________________________

**A CV must be submitted with the evaluation to the Associate Dean

Associate Dean for Academic Programs Review: (Should include concurrence or non-concurrence with evaluation and rationale)

Dean’s Comments: