

Faculty Promotion Department Record Form

(Completed by the candidate)

Candidate: Alex Example, MD

Present Rank: Assistant Professor

Proposed Rank: Associate Professor

Board status: certified

Affiliate and house staff appointments listed below.

Faculty Promotion Department Recommendation Form
(Department completes this form)

Candidate: Alex Example, MD

Promotion recommended by the Department of Urology.

Chair signature: _____

CURRICULUM VITAE

MORGAN SAMPLE, MD

Associate Professor, as of 2026

Department of Urology, Montefiore Medical Center

ACADEMIC APPOINTMENTS

Associate Professor, as of 2026

Assistant Professor, 2018 - 2025

BIBLIOGRAPHY

Peer-reviewed publications listed below.

Teaching Portfolio

Morgan Sample, MD

Teaching philosophy and resident education activities.

Courses directed, lectures delivered, mentorship record.

Publications

1. Sample M, et al. Outcomes after robotic pyeloplasty. J Urol. 2024.
2. Sample M, et al. Ureteral stent duration. Urology. 2023.
3. Sample M, et al. Stone recurrence rates. J Endourol. 2022.
4. Sample M, et al. Single-port donor nephrectomy. BJU Int. 2021.
5. Sample M, et al. Resident simulation curricula. Urology. 2020.

List of Referees

Internal referees:

Dr. Internal Referee, Montefiore

External referees:

Dr. Jane Smith, Cleveland Clinic

Dr. John Doe, Mayo Clinic

Resident referees:

Dr. Resident Referee, PGY-4

New York State Education Department

Office of the Professions

Profession: Medicine

LICENSE NO. 278194-1

Registration Period: 2025-2027

This certifies that the licensee is registered to practice.

Drug Enforcement Administration

Registrant Name: EXAMPLE, ALEX

DEA Registration Number: BR1234563

Business Activity: Practitioner

Expiration Date: 09-30-2027

American Board of Urology

Certificate of Certification

Alex Example, MD

is certified by the American Board of Urology.

Valid through 2034.

The Trustees of the University have conferred
the degree of Doctor of Medicine
upon Alex Example
with all the rights and honors thereto appertaining.

Authorization to Release Information

I authorize Montefiore Medical Center to release information regarding my application for faculty appointment.

Signature: _____ Date: _____