



Faculty Title Application: Step-by-Step Guide for Teaching Title

This step-by-step guide will assist you in applying for a teaching title at [University of Arizona College of Medicine – Phoenix](https://uacomp.resoapps.com/applicanttracking/).

If you have questions, contact the appropriate [faculty coordinator](#).

To create a new account:

1. Go to <https://uacomp.resoapps.com/applicanttracking/>.
2. Click on **Create a New User**.

Create a New User account.' At the bottom of the form is a 'Sign In' button."/>

Candidate Login

Welcome to the UACOM-P College of Medicine

Email:

Password: ([forgot password?](#))

To begin the application process, please [Create a New User](#) account.

3. Complete the following fields: **First Name**, **Last Name**, **Email**, **Password** and **Confirm**.

Use an email address that you check. This will be the email used to contact you with any follow-up questions throughout the application process. Be sure it is spelled correctly.

Create User

Credentials

First Name:

Last Name:

Email:

Password:

Confirm:

4. Click **Save**.

To sign in to an existing account:

1. Go to <https://uacomp.resoapps.com/applicanttracking/>.
2. Enter your email address and password.
 - a. Your email address is the one you used to create your account. If you cannot remember which one you used, email the appropriate [faculty coordinator](#).



- b. If you cannot remember your password, click **forgot password**. Follow the steps. You will receive an email to reset your password.

Candidate Login
Welcome to the UACOM-P College of Medicine
Email:
Password: [forgot password?](#)
To begin the application process, please [Create a New User](#) account.

3. Click **Sign In**.

To start a new faculty title application:

1. Go to <https://uacomp.resoapps.com/applicanttracking/>.
2. Create a new account or sign in to an existing account using the steps above.
3. You will be taken to step 1: Personal Data. As needed, use the menu on the left side of the screen to navigate around the application.



As you complete the required fields in each section, the will update to a to indicate that the section is complete. Required fields are indicated by a red asterisk .

4. If you need to leave the application before completing it, click **Save** at the bottom of the section. When you log back in, return to where you stopped.

Step 1: Personal Data:

1. **Personal Information** – Complete each required field (*).

Personal Information
* First:
Middle:
* Last:
* Date of Birth: Choose not to disclose
* Gender:
* Ethnicity:
Highest Degree Level:



- a. **First*** – This auto-populates based on what you entered when you created your account. You can change it, if needed.
 - b. **Middle** – You can provide your initial or full middle name, if desired.
 - c. **Last*** – This auto-populates based on what you entered when you created your account. You can change it, if needed.
 - d. **Date of Birth*** – Enter your date of birth. This is required to complete your title.
 - e. **Gender*** – Select your gender from the drop-down menu.
 - f. **Ethnicity*** – Select your ethnicity from the drop-down menu.
 - g. **Highest Degree Level** – Select your highest degree from the drop-down menu.
2. **Mailing Address** – Enter your mailing address. You can use your work or home address.

Mailing Address

* Address:

* City:

* State:

* Zip:

3. **Contact Information** – Your email address auto-populates based on what you entered when you created your account. Confirm that this email is accurate.

Contact Information

* Email:

Office Phone:

Mobile Phone:

4. **Citizenship** – Select the appropriate answer.

Citizenship

Are you a U.S. Citizen or Permanent Resident?

Yes

No

If you are not a U.S. citizen or permanent resident, complete the additional fields regarding your visa. You will be contacted to provide additional information.

Details

* Citizen Passport/Country:

Performing Services in the U.S.

* Visa Type:

* Visa Status Date:

* Visa Expiration Date:

5. Click **Save & Continue**. This takes you to step 2: Additional Information.



Step 2: Additional Information:

1. Details – Complete each required field (*).

Details

* 1. Is your practice or research focused mainly on pediatric patients?

* 2. Are you currently, or will you be, employed by or have privileges at Banner University Medical Center - Phoenix (BUMC-P)?

* 3. If you selected Yes to question 2, are you currently involved, or do you anticipate being involved, in the education or research activities of UA COM-Phoenix medical students, residents or fellows? (Select N/A if you answered No to question 2.)

4. What is the name of your employer (e.g., hospital, clinic, etc.) and date of hire?

* Employer

* Date of hire (month/year)

5. Who can we contact to verify your involvement with UA College of Medicine – Phoenix? (e.g., division chief, clerkship or program director, HR representative, academic affairs coordinator)

* Name

* Email

* 6. How are you involved in the research or education missions of the UA COM-P, including the education of medical students, residents and fellows? Please include several sentences with the following details: name of site, student population with whom you work, specific program or course (e.g., doctoring, capstones, clerkship, elective, residency, fellowship, etc.).

- a. **Question 1*** – Select the appropriate answer.
- b. **Question 2*** – Select the appropriate answer.
- c. **Question 3*** – Select the appropriate answer. If you answered “No” to question 2, select “NA.”

Note: if you select “Yes” to question 2 and “No” to question 3, the application will automatically update to apply you for a non-teaching title (Faculty Physician-BUMCP). Only use this combination if you currently have privileges at Banner – University Medical Center Phoenix (BUMC-P) and will not be involved in the medical education of students, residents or fellows.

- d. **Question 4** – Enter the name of your employer and hire date (month/year).
- e. **Question 5** – Enter the name and email address of someone we can contact to verify your involvement. This might be your division chief, program or clerkship director, etc.
- f. **Question 6** – Provide a brief statement about how you are, or will be, involved with UA COM-P. Include the specific site, student population and program or course.

2. Click **Save and Continue**. This takes you to step 3: Candidate Statement.



Step 3: Candidate Statement:

1. In this section, provide a candidate statement based on the given instructions. This statement is read by the department committee and chair when reviewing your application for approval.

Applications with candidate statements that do not meet the requirements will not move forward to department approval until a revised statement is received.

If you would like to see an example of a candidate statement, click **example statement**.

Candidate Statement

Provide a 1-2 paragraph statement incorporating the following:


- Summarize your academic, clinical and research experience<
- Explain your career, including academic, goals for the next 5-6 years

If you want to be considered for [Scholar track](#), indicate your intent in your statement. Include how you have and plan to continue your scholarly activity contribution. Here is an [example statement](#) based on what department committees look for during their review.

For additional ways to be involved in the education and research missions at UA College of Medicine - Phoenix, go to our [Get Involved](#) webpage.

2. Click **Save & Continue**. This will take you to step 4: Board Certifications.

Step 4: Board Certifications:

1. If you are not board certified, click **Save & Continue**. This will take you to step 5: Title & Letters of Recommendation.
2. If you are board certified, click the green plus  to add information about your certification.
3. Select the board from the drop-down menu. Then, select the specialty from the drop-down menu, if applicable. Complete the remaining fields.

Details

Board:

Specialty:

Board Certified

Initial Certification Date:

Valid Through:

Lifetime

4. If you have another board certification to add, click **Save & Add Another**. If not, click **Save**.
5. Click **Save & Continue**. This will take you to step 5: Title & Letters of Recommendation.

Step 5: Title & Letters of Recommendation:

1. In this section, identify your proposed title and provide the name(s) and contact information for potential letter of recommendation writers.

The information at the top of the page explains what additional items are needed based on the proposed title you select.



Title & Letters of Recommendation

For more information on faculty tracks and ranks, visit our [Criteria for Track and Rank](#) webpage. If you have questions about which track or rank is appropriate, check with your department chair or email us at COMPXH-OFAD@email.arizona.edu.

In the Reviewer box(es) below, list the name(s) and contact information for the individual(s) qualified to supply a professional letter of recommendation on your behalf.

If you are applying for a **Specialty Instructor** or junior rank of **Instructor** or **Assistant Professor** title, we will need:

- One letter of recommendation

If you are applying for a senior rank of **Associate Professor** or **Professor** title, we will need:


- Two letters of recommendation – letters from individuals with faculty titles must be at or above the rank you are requesting and cannot be from the same person providing a letter of support (see below)
- Teaching evaluations from the last 2-3 years or a letter of support, commenting on your teaching/assessment/research skills, from a program or clerkship director (preferable) or an associate program director, service line director or division chief (upload in the Required Attachments section)

Our office will request the letter(s) of recommendation on your behalf. If you have a copy of a letter, you can upload it below.

NOTE: If you are involved in more than one department, you can apply for a joint title. The department that you are involved with the most will be your primary title. For example, if you are board eligible/certified in Surgery with a subspecialty in Pediatric Surgery, you can apply for Surgery (primary) and Child Health (secondary). If needed, update your candidate statement to reflect your involvement with each department.

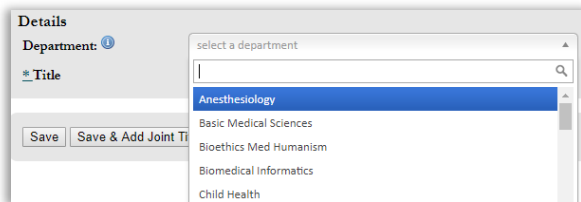
If you are employed with Phoenix Children's Hospital, or work mainly with pediatric patients, Child Health will be your primary title. You can add a secondary title based on your specialty, if desired.

If you are interested in being considered for a [Scholar track](#), indicate your intent in your candidate statement. Be sure to list how you have been and plan to continue your scholarly activity contribution.

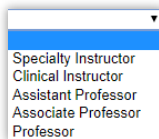
2. To enter your proposed title, click the green plus .

If you are not sure which option to select, review the [Criteria for Track and Rank](#). You can also contact your department chair or [faculty coordinator](#).

3. Select your department from the drop-down menu.



4. Select the appropriate title. This will determine the number of letters of recommendation and other items needed to complete your application.



5. If you would like to request a joint title with another department, select **Save & Add Joint Title**. If not, select **Save**.

If you are employed by Phoenix Children's Hospital, your primary department should be Child Health. If desired, you can request a joint title based on your specialty.

6. Complete the fields in the Reviewer box(es).




If you already have the recommendation, you can skip entering the contact information and upload the file in the Letter of Recommendation box by clicking **Choose File**.

- a. **Name*** – Enter the first and last name of the recommender. Do not include his/her degree.
- b. **Title** – Enter the recommender’s academic or professional title.
- c. **Email*** – Enter the email address. Verify it is correct; this is the email address used to contact the recommender for the letter.
- d. **Institution** – Enter the recommender’s employer.
- e. **Degree** – Select the recommender’s degree(s).

7. Click **Save & Continue**. This will take you to step 6: Speakers Bureau.


Step 6: Speakers’ Bureau:

1. If you would like to be listed in the Speakers’ Bureau database, click  **New Speakers Bureau Activity**. Then, complete the necessary fields.

Being in the Speakers’ Bureau database is one more way of potentially being involved with College of Medicine – Phoenix as you may be asked to speak to students, residents, fellows or the community on your listed topic(s).

2. This section can be left blank, if desired.
3. Click **Save & Continue**. This will take you to step 7: Required Attachments.

Step 7: Required Attachments:

1. In this section, you can upload required and optional attachments based on your proposed title (see below).
2. To upload a document in any section, click the green plus . Enter a description, click **Choose File**, select the document and click **Save**.



- a. **Curriculum Vitae*** – This is **required** for all applicants.

Your CV must be in the required [UA format](#). There should be no gaps from the time you received your terminal degree until now. It needs to account for all time periods, even if you were on sabbatical, studying, moving, etc.

- b. **Teaching Evaluations** – This is **required** if you are applying for an **Associate Professor** or **Professor** title.

Teaching evaluations must be from the past 2-3 years. If you do not have evaluations, you can upload a letter of support from a program or clerkship director (preferable) or an associate program director, service line director or division chief.

- c. **Letter of Recommendation** – This is not required to submit your application. Instead, your faculty coordinator will contact your recommender(s) for a letter after you have submitted your application.

- d. **Candidate Photo** – This is optional. If you want to upload a photo, it should be a professional headshot as it will be added to your future faculty profile.

- e. **Additional Documents** – This is optional. Add any other documents that you feel are necessary for your application.

3. When all required documents are uploaded, click **Save & Continue**. This will take you to the Review & Submit section.

Review & Submit:

1. In this section, review your application to make sure it is accurate and complete. Then, submit it.
2. If you need to make changes, click on the name of the section. You can also use the menu on the left. When you are ready to continue reviewing, click **Review & Submit** on the menu.



Under Letters of Recommendation, it will state “Missing” unless you uploaded a letter. This is okay as your faculty coordinator will contact the recommender(s) after you submit your application.



3. When ready, click **Submit** at the top.

Review and Submit

Review your application below prior to submission. If needed, you may log out and return to complete your application at any time. Once you submit your application, changes cannot be made.

Note: if you are currently on a Visa, you will need to provide additional documents to complete the faculty title process. (e.g., letter from your employer, visa, passport, etc.). We will contact you with more information after reviewing your submitted application.

If you need assistance, or have any questions, contact the Office of Faculty Affairs & Development at COMPXH-OFAD@email.arizona.edu.

When you are ready to submit your application, you must press the **Submit** button.

Submit



Note: after you submit your application, you will not be able to make changes.

If you have any questions, contact your [faculty coordinator](#).

Again, we thank you for your interesting in becoming a faculty member and contributing to the medical education of our students, residents and fellows.