



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

Use this step-by-step guide to assist you in applying for a teaching title at [University of Arizona College of Medicine – Phoenix](#). 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.' There is a 'Sign In' button at the bottom."/>

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 regularly. This will be the email used to contact you with any follow-up questions. 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 do not remember which one you used, email the appropriate [faculty coordinator](#).



- b. If you do not remember your password, click **forgot password** and follow the steps. You will receive an email to reset your password.

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 the first step: Demographic Information. 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: Demographic Information

1. Under **Names**, double check that your name is spelled and capitalized correctly. If you need to edit it, click the icon on the right side of your name.
  - a. If you want to add different version of your name (e.g., maiden or previous name), click the next to **Names**. Complete each required field (\*).



Name Type: select an item  
Salutation: select an item  
\* First: [text field]  
Middle: [text field]  
\* Last: [text field]  
Suffix: [text field]  
Preferred?:   
Active?:

- b. Select the correct option in **Name Type** drop-down menu.
- c. Type your **First** and **Last** name in the appropriate field.
- d. Click the **Preferred?** box if desired. This means that is the version of your name that will be visible on your public-facing profile.
- e. Click the **Active?** Box.
- f. Click **Save**.

2. Complete the remaining fields in this section.

\* Date of Birth: [text field]  
\* Highest Degree: select an answer  
Display Degree (e.g., MD or MD, MBA): [text field]  
\* Gender Identity: select an answer  
\* Ethnicity - Step 1: select an answer  
\* Ethnicity - Step 2 (if applicable): select an answer  
\* Race - Step 1: Select a maximum of two if multi-racial is applicable.  
 - Unknown  
 - White  
 - American Indian/Indigenous Tribe  
 - Alaska Native  
 - Black or African American  
 - Asian  
 - Native Hawaiian or Other Pacific Islander  
 - Other  
 - Decline to answer  
Race - Step 2: If American Indian/Indigenous Tribe or Other is selected above, please provide name of tribe or other race.  
[text field]  
Are you an active member of the Alpha Omega Alpha (AOA) Honor Medical Society?  
 Yes  
 No

- a. **Date of Birth\*** – Enter your date of birth. This is required to complete your title.
- b. **Highest Degree\*** – Select the appropriate option from the drop-down menu.
  - i. Doctorate (Professional) for MD or DO



- ii. **Doctorate (Academic) for PhD**
  - c. **Display Degree** – List the degree(s) you want displayed after your name. Do not include degree received prior to your terminal degree or fellow designations.
  - d. **Gender Identity\*** – Select the appropriate option from the drop-down menu.
  - e. **Ethnicity – Step 1\*** – Select the appropriate option from the drop-down menu.
  - f. **Ethnicity – Step 2\*** – Select the appropriate option from the drop-down menu.
  - g. **Race – Step 1\*** – Select the appropriate option from the drop-down menu.
  - h. **Race – Step 2** – Enter the name of a tribe or other race if you selected American Indian/Indigenous Tribe or Other for Race – Step 1.
  - i. **Active AOA member** – Indicate if you hold an active membership with the Alpha Omega Alpha Honor Medical Society.
3. Click **Save & Continue**. This takes you to the next step: Citizenship.

## Step 2: Citizenship

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

\* 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.

If you are not a U.S. citizen or permanent resident, answer these additional questions:

What country are you a citizen of?

select an answer

Will you be performing services in the U.S. while here?

Yes

No

What visa type do you have while in the U.S.?

select an answer

What is your visa status date?

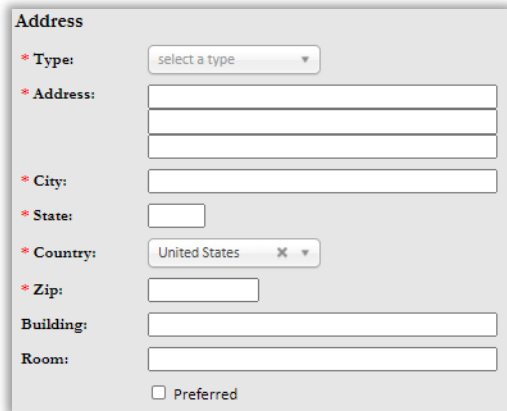
What is your visa expiration date?

2. Click **Save & Continue**. This takes you to the next step: Contact Information.



### Step 3: Contact Information

1. Click the  next to **New Address**. Complete each required field (\*).



**Address**

\* Type:

\* Address:

\* City:

\* State:


\* Country:

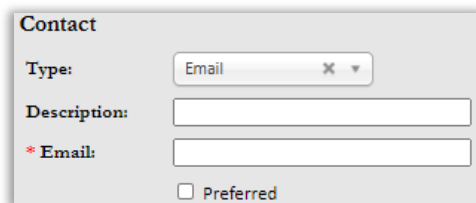
\* Zip:

Building:

Room:

Preferred

- a. **Type\*** – Select Office from the drop-down menu.
  - b. **Address\*** – Enter your office (clinic) address. List the name of your institution or practice on the top line. Then the street address on the second line.
  - c. **City\*** – Enter the city.
  - d. **State\*** – Enter the two-letter state abbreviation.
  - e. **Zip\*** – Enter the 5-digit zip code.
  - f. Check the **Preferred** box if you want this listed as your preferred address. This will also cause this address to appear on your public-facing profile after your faculty title is complete.
  - g. Click **Save**.
2. Click the  next to **New Contact**. Complete each required field (\*).



**Contact**

Type:

Description:

\* Email:

Preferred

- b. **Email\*** – Enter your preferred email address.
- c. Check the **Preferred** box if you want this listed as your preferred email.



d. Repeat these steps if you want to add a back-up email. Don't not check the **Preferred** box for any back-up emails.

3. Click **Save & Continue**. This takes you to the next step: Additional Information.

## Step 4: 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 (B-UMCP)?

\* 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 College of Medicine - Phoenix medical students, residents or fellows? Select N/A if you answered No to question 2. *(Selecting Yes to question 2 and No to question 3 will trigger the Faculty Physician (non-teaching) title needed solely for credentialing at B-UMCP.)*

\* 4. Who is your main employer based on your FTE?

If you indicated Banner Medical Group, other community practice, other hospital system or private practice, what is the name of employer?

\* What is your date of hire (month/year)?

5. Who can we contact to verify your current involvement with the College of Medicine – Phoenix? Examples can include: division chief, clerkship or program director, academic affairs coordinator, etc. We must be able to verify that you are currently involved with the College before we can process your application.

\* 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 (B-UMCP) and will not be involved in the medical education of students, residents or fellows.



- d. **Question 4** – Select your employer from the drop-down menu and enter your hire date (month/year). If you selected Banner Medical Group, other community practice, other hospital system or private practice, enter the name of your employer in the provided box.
- 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, clerkship or site director, etc. Verified involvement is required to proceed with your faculty title request. We will contact you if we need additional information.
- f. **Question 6** – Provide a brief statement about how you are, or will be, involved with the College of Medicine – Phoenix. Include the specific site, student population and program or course.

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

### Step 5: Candidate Statement:

1. In this section, provide a candidate statement based on the given instructions. This statement is read by the department 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.

**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 a [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 University of Arizona College of Medicine - Phoenix, go to our [Get Involved](#) webpage.

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

### Step 6: Board Certifications:

1. If you are not board certified, click **Save & Continue**. This will take you to the next step: 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.

This list currently only includes the American Board of Medical Specialties (ABMS) specialties and subspecialties.



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 the next step: Title & Letters of Recommendation.

## Step 7: 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 or check out the [Clinical Tracks Criteria](#). If you want to request a title on a specific track (e.g., Assistant Professor (Clinical Scholar) rather than Clinical Assistant Professor (Clinical Series)), include your request in your candidate statement. If you have questions about which track or rank is appropriate, check with your department chair or contact your [faculty coordinator](#).

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 (**Instructor** or **Assistant Professor**), we will need:

- One letter of recommendation

If you are applying for a senior rank (**Associate Professor** or **Professor**), 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, which should comment 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 application to reflect your involvement with each department.

If you are employed with Phoenix Children's Hospital, the Department of Child Health will be your primary department. 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 .

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.

Details  
Department:   
\* Title  
Save Save & Add Joint Title  
Anesthesiology  
Basic Medical Sciences  
Bioethics Med Humanism  
Biomedical Informatics  
Child Health

4. Select the appropriate title.

Specialty Instructor  
Clinical Instructor  
Assistant Professor  
Associate Professor  
Professor

5. If you would like to request a 2nd title with another department, select **Save & Add Joint Title**. If not, select **Save**.
6. Complete the fields in the Reviewer box(es).

If you already have the recommendation letter, you can skip entering the contact information and upload the file by clicking **Choose File**.

Reviewer 1  
Name:   
Title:   
Email:   
Phone:   
Institution:   
Degree:

- 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 the next step: Speakers Bureau.


## Step 8: 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.



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

### Step 9: 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  next to that section heading. Click **Choose File**, select the document and click **Save**.

Description	File
<input type="text"/>	<input type="button" value="Choose File"/> No file chosen

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

Your CV must be in the required [UA format \(additional guide\)](#). 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. **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.
- c. **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.

- 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 next step: Faculty Orientation.

### Step 10: Faculty Orientation

1. In this section, complete the online faculty orientation.



### Faculty Orientation

As part of the faculty title process, all new faculty are required to complete the University of Arizona College of Medicine - Phoenix New Faculty Orientation. It should take less than 30 minutes.

Complete these steps:

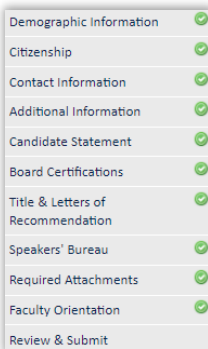
1. Watch the [new faculty orientation video](#) (22:13 minutes).
2. Download or bookmark the [Faculty Policies Handbook](#).
3. Review important policies that pertain to you as a faculty member:
  - o [Teacher Learner Compact Policy](#).
  - o [Reporting Mistreatment or Harassment of Medical Students Policy](#).
  - o [Conflict of Interest: Physician-Student Personal Relationship Policy](#).
  - o [Conflict of Interest: Physician-Student Health Services Relationship Policy](#).
  - o [Conflict of Interest: Financial and Industrial Relationships Policy](#).

After you have completed the three steps above, answer the following questions. If you have any questions or technical issues, contact [comphx-ofad@arizona.edu](mailto:comphx-ofad@arizona.edu).

2. After completing the three steps, answer the two questions.
3. Click **Save & Continue**. This will take you to the final step: Review & Submit.

### 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 your application has been submitted, changes cannot be made.

If you need assistance, or have any questions, contact the Office of Faculty Affairs & Career Development at [comphx-ofad@arizona.edu](mailto:comphx-ofad@arizona.edu).

When you are ready to submit your application, hit the **Submit** button. It is required that you add an address and an email in the Contact Information section. You will receive an error and not be able to submit if these fields are missing.



THE UNIVERSITY OF ARIZONA  
COLLEGE OF MEDICINE PHOENIX

## Faculty Affairs

**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.