

**Post Tenure Peer Review**

**Professional Development Plan**

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| **Name:** |  |
| **Department:** |  |
| **Will meet:** | **[Monthly, quarterly, etc.]** |

1. This plan was prepared on [Date] by: [Names and titles of all involved] so the deficiencies identified by the SOM Post Tenure Peer Review Committee will be corrected. Written progress reports will be submitted [X times per quarter] to [Names of PTPRC members assigned], Department Chair, and Associate Dean for Faculty Recruitment, Affairs and Development. [Name of faculty] will meet [Monthly, quarterly, etc.] with [Names of PTPRC members assigned], Department Chair, and Associate Dean for Faculty Recruitment, Affairs and Development to discuss progress.
2. **DEFICIENCY:**
   1. Goal of proposed plan:
   2. Activities:
      * 1. Description of activity
        2. Criteria for successful completion of the activity
        3. Timeline for completion of the activity
   3. Institutional resources/mechanisms to support this plan: