CollegeNet Instructions for Campus Deans

- Using any browser, migrate to: https://admit.applyweb.com/admit/shibboleth/mercer?apptype=v2
- 2. This will bring to you to a Mercer sign on page (below). If you do not have a Mercer email address, please email: <u>musm faculty affairs@mercer.edu</u> and ask for a MUSM contractor form to complete. If you have a Mercer email address, use it to log in:



3. Once you are logged in, you will see the screen below. On the left side of screen (blue) shows the number of applications available for your review:



4. On the right, click "view" to view an individual candidate's application:

= Mercer - Admit			Records Communications
Decision Workflow / 2. Campus Dean Testing, Just			(© 0 Tags) (□ 0 Notes) (□ 1 Pools) Actions
Pages Documents Activity Pages: All Pages Campus Dean Review All Pages Campus Dean Review	Faculty Applicant Personal Info	ormation Practice and Insurance Recomm	endations) (Education and CV) (Decision)
Campus Dean Review Chair Information Please verify that the department, rank, emp	dit loyment status (faculty type), and p	romotion track are correct for the facuity candid	ate.
Supervisor or Department Chair Edward Clark	Title Chair, Pediatrics	First Name Just	Last Name Testing
Department Pediatrics	_{Rank} Associate Professor	Faculty Type full-time	Track Clinical Educator promotion track
Chair Letter Comments This clinician has many years of experience and will bring depth to our department.			
Campus Dean Information			
Campus Dean Title (not specified)	Campus Dean Name (not specified)		

5. Select "faculty applicant" bubble at the top to begin reviewing an application. This shows the faculty candidate's name, email, and ID (CollegeNet record number):

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Pages Documents	s Activity			
Pages: All Pages (Campus Dean Review Facu	Ity Applicant Personal Information F	Practice and Insurance Recommendations Education and CV Decision	
Faculty Appl	licant 🦉 Edit			
Faculty Applie	cant			
First Name	Last Name	Email	XACT_ID	
Just	Testing	92672sanclemente@gmail.co m	91191873	
		m		

6. Select the "personal information" bubble at the top. This shows more information, including the faculty candidate's permanent address and demographic information:

ecision Workflow / 2. Campus Dean Testing, Just			(♥ 0 Tags) (□ 0 Notes) (□1Pools) Actions ∨
Pages Documents Activity			
Pages: All Pages Campus Dean Review	Faculty Applicant Personal Informat	Practice and Insurance	ecommendations) Education and CV Decision
Name			
First Name Just	Middle Name (not specified)	Last Name Testing	
Alternative First Name (not specified)	Alternative Last Name (not specified)		
Contact Information			
_{Email} 92672sanclemente@gmail.com	Phone (not specified)	Cell Phone (not specified)	Work Phone (not specified)
Permanent Address			
Please provide your permanent mailing addr	ess here. The Dean's appointment letter a	nd subsequent reappointment letter	rs will be sent to this address.
239 Calle Fiesta	Street 2 (not specified)	San Clemente	State CA
zip 92672			
Demographics			
Race Native Hawaiian or Other Pacific Islander	MERCERFA-RACE_OTHER (not specified)		

7. Select the "practice and insurance" bubble at the top. This shows practice information and whether the faculty candidate has malpractice insurance:

Decision Workflow / 2. Campus Dean Testing, Just			(0 Tags 0 Notes 1 Pools	Actions ~
Pages Documents Activity Pages: All Pages) Campus Dean Revie Practice and Insurance Campus Dean Revie	w) (Faculty Applicant) (Persona	al Information Practice and Insurance Recommend	dations Education and CV Decision	
Practice Board Certifications and Specialties Family Medicine	Hospital Privileges? Yes	Active Privileges Attrium Navicent Health		
Practice Name Department of Family Medicine	Office Manager N/A	Office Manager Phone 4783664343		
Practice Street 111 Atrium Way	Practice Street 2 (not specified)	Practice City Macon	Practice State GA	
Practice County Bibb	Practice Zip 31202			
Malpractice Insurance				
Malpractice Insurance? Yes	Malpractice Insurance Carrier MAG			

8. Select "recommendations" at the top. This will only be filled out if the faculty candidate has neither have active privileges nor malpractice insurance. The candidate will provide information for two letters of recommendation to be sent and uploaded for your review. Please read those letters:

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Pages Documents Act ages: All Pages Campu Recommendatio	ivity us Dean Review Faculty Applicant	Personal Information Practice a	and Insurance Recommendations	Education and CV Decision	
Recommendations 9 Columns 2 Rows	s				
First Name	Last Name	Phone	Email	Online?	
(not specified)	(not specified)	(not specified)	(not specified)	(not specified)	
(not specified)	(not specified)	(not specified)	(not specified)	(not specified)	

9. Select "education and CV" at the top. This will show the faculty candidate's educational history, current or previous faculty appointments which will help you determine academic rank, and postgraduate work. A CV is optional but may be attached for your review:

ecision Workflow / 2. Campus Dean esting, Just			O Tags O Notes 1Pools Actions
Pages Documents Activity			
Pages: All Pages Campus Dean Rev Education and CV 🖉 E	view Faculty Applicant Personal Informat	recommended (Recommended)	endations Education and CV Decision
Educational History			
Aedical Degree Institution Harvard	Degree Earned MS	Medical Degree Graduation Year 1998	Institution of Residency Memorial
Residency Graduation Year 1994			
Additional Degrees? Y	Additional Degrees PhD	Additional Degree Institutions Tulane	Degree Dates 1990
Current or Previous Facult Current/Previous Med School Faculty Appointment Yes	y Appointment		
Faculty Appointment Med School 1 MCG	Academic Rank 1 Professor/Clinical Professor	Title 1 (not specified)	Years of Service 1 1997-2002
Faculty Appointment Med School 2 (not specified)	Academic Rank 2 (not specified)	Title 2 (not specified)	Years of Service 2 (not specified)
Want Preceptor Information? Yes			
Postgraduate Work			
Postgraduate Work (not specified)			
CV			

10. The decision tab does not require your review, however it shows the stage of the application is with you as the campus dean. It also shows that the chair, in this example Dr. Edward Clark, has completed review of the candidate. Note the bottom "Denial" row – if the chair finds the candidate to be unacceptable as a faculty member, this may be found here:

Decision Workflow / 2. Campus Dean Testing, Just			(0 Tags) (0 Notes) (1 Pools) Actions ~
Pages Documents Activity			
Pages: All Pages Campus Dean Review Faculty Decision 🖉 Edit	(Applicant) (Personal Information) (Practice and Ins	urance Recommendations Education and CV	Decision
Application Status			
Application Status Campus Dean	Today's Date (for templates) May 04, 2022		
FERPA			
Supervisor or Department Chair Edward Clark	Supervisor or Department Chair Email (not specified)	Date Chair Completed 2022-05-04	
Campus Dean			
Campus Dean Name (not specified)	Campus Dean Email (not specified)	Date Campus Dean Completed (not specified)	
Sr. Associate Dean of Faculty Affairs	S		
Senior Associate Dean of Faculty Affairs Name (not specified)	Senior Associate Dean of Faculty Affairs Email (not specified)	Date Senior Associate Dean of Faculty Affairs Completed (not specified)	
Final Review			
Final Reviewer (not specified)	Date Ready for Dean (not specified)		
Dean			
Dean Name (not specified)	Date Ready for Release (not specified)		
Denial			
Deny Application (not specified)	Reason for Denial (not specified)	User (that denied applicant) (not specified)	Date Denied (not specified)

11. Next, select the "campus dean review" bubble at the top to begin to complete your review and make recommendations to the dean:

cision Workflow / 2. Campus Dean esting, Just			(0 Tags (0 Notes) (1 Pools) Actions
Pages Documents Activity Pages: All Pages Campus Dean Review	w (Faculty Applicant) (Personal Information) (Practice and Insurance Recommendations	Education and GV Decision
Chair Information			
Please verify that the department, rank	, employment status (faculty type), and promotion trac	are correct for the faculty candidate.	
Supervisor or Department Chair Edward Clark	^{Title} Chair, Pediatrics	First Name Just	Last Name Testing
Department Pediatrics	_{Rank} Associate Professor	Faculty Type full-time	Track Clinical Educator promotion track
Cheir Letter Comments This clinician has many years of experie bring depth to our department.	ince and will		
Campus Dean Informatio	n		
Campus Dean Title (not specified)	Campus Dean Name (not specified)		
Campus Dean Comments Provide any additional information that Campus Dean Comments (not specified)	S you would like the Dean to consider. This will be include	id as part of your recommendation letter to the	e Dean.
Campus Dean Signature Please make sure all necessary fields ab Campus Dan Complete? (not specified)	nove are complete prior to setting this record as comple	te.	
Letters Chair Letter ADDITIONAL_UPLOAD.2.pdf	FERPA Document Upload ADDITIONAL_INFO_LETTER_UPLOAD	Campus Dean Letter	

12. In this screen, you will see the chair's information at top, and toward the middle under "Letters", click to view the chair letter and the FERPA form. Scroll to the bottom of the FERPA form to review the faculty candidate's selection of access to student records and an "x" indicating an electronic signature. Ensure also that the chair has an "x" indicating an electronic signature:

Jean R. Sumner, MD, FACP Dean Professor of Internal Medicine Mercer University School of Medicine 1550 College Street Macon, GA 31207
Dear Dr. Sumner,
I am pleased to write this chair letter in support of Dr. Just Testing for appointment to the Department of Pediatrics as full-time faculty at the rank of Associate Professor on the Clinical Educator promotion track.
This clinician has many years of experience and will bring depth to our department.
I believe Dr. Testing will make an excellent addition to our department. Thank you for your consideration.
Sincerely,
Dr. Edward Clark Chair, Pediatrics

Access to confidential student records information is granted to assist you in conducting your business on behalf of the University and its students. Accepting this access makes you responsible and liable for maintaining this confidentiality. Under no circumstances should you share student information, disclose any of your Mercer University password(s), or allow anyone to use your access.

Persons who violate the confidentiality of student	records may be subject to disciplinary action.
Please check all that apply. X I DO NOT require access (provide name and signature ONLY) Instructional Faculty Academic Advisor	Administrator/Staff Student Employee
Name: Just Testing I have read the above statements and understand my responsibility Signature: X	y to maintain the confidentiality of student records information.
Manager Linite and the ID a state	
Mercer University ID: N/A Mercer E-mail Address/Help Desk Ticket Number: N/A	
Mercer University ID: N/A Mercer E-mail Address/Help Desk Ticket Number: N/A Job Title: N/A	
Mercer University ID: N/A Mercer E-mail Address/Help Desk Ticket Number: N/A Job Title: N/A College/Department: School of Medicine Phone Ext.: N/A	

13. To begin to enter your data, click on the "edit" button next to the phrase "Campus Dean Review" that has a pencil icon. This will allow you to type within the relevant fields of the application. The information you enter here will be compiled automatically to create your campus dean letter to the dean. Under "campus dean information" select your title and type your name. Under "campus dean comment" add any specific comments to the dean for her review. This will be part of your letter to the dean. When you are ready to review your letter, select "yes" under campus dean signature:

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Chair Information	rank employments	etatue (faculty tune) and promotion tr	ack are correct for the faculty candidate		
riease verify that the department,	, rank, employments	status (racuity type), and promotion of	ack are correct for the faculty candidate.		
Edward Clark		Chair. Pediatrics	Just		Testing
lepartment		Rank	Faculty Type		Track
Pediatrics	Ψ.	Associate Protessor	⇒ Tull-time	v	Clinical Educator promotion track
	\$				
ampus Dean Comm	ents			D	
Campus Dean Comme rovide any additional information	ents h that you would like	the Dean to consider. This will be inclu	ided as part of your recommendation letter to the	Dean.	
Campus Dean Comme rovide any additional information ampus Dean Comments	ents h that you would like	the Dean to consider. This will be inclu	ided as part of your recommendation letter to the	Dean.	
Campus Dean Comme rovide any additional information umpus Dean Comments	ents h that you would like	the Dean to consider. This will be inclu	ided as part of your recommendation letter to the	Dean.	

14. Click the blue "save" button at the bottom right corner. This will allow you to view your letter to the dean by clicking "preview" above the third letter titled "campus dean letter":

etters			
Preview *ADDITIONAL_UPLOAD.2.pdf* Clear Replace	Preview *ADDITIONAL_INFO_LETTER_UPLOAD.pdf* Clear Replace	Preview Preview 'ADDITIONAL_UPLOAD.3.pdf' Clear Replace	
g Record			Cancel Save & Exit Sav
	pdf	×	
May 04, 2022 Jean R. Sunner, MD, FACP Danis Protocol Internal Madicine 1500 College Street Macon, QA 31207 Dear Dr. Summer, Upon recommendation of Dr. Edward Clark, Chair of Pedatin to recommend hat Dr. Just Testing be added to our faculty. This clinician will be an excellent addition to Dr. Clark's team. I am confident that Dr. Just Testing will be an excellent addit Sincoraly, Dr. Edwin Grimminy Bentor Accordate Dean - Macon Campus	cs, and having reviewed the application and supporting documents, I wo on to the MUSM faculty and a valuable asset to our students.	$ \frac{\mathbf{x}^{\mathbf{k}}}{\mathbf{Q}} $	
-		Close	

15. Finally, click the "save and exit" button at the bottom right corner to send your letter to the senior associate dean for faculty affairs to review before it is sent to the dean for her review.