LSU Health NEW ORLEANS

School of Allied Health Professions

I acknowledge that the School of Allied Health Professions (SAHP) Faculty Promotion and Tenure Procedures, Standards & Criteria, Section III and Appendix B, item 10 stipulates that the faculty candidate sign a statement indicating he/she has reviewed the promotion/tenure review file and that it is accurate and complete.

Letters of recommendation will be placed in the dossier after submission to the Department Head.

I affirm that all instructions provided in the SAHP Guidelines AND LSU System Form Instructions have been reviewed. The dossier has been prepared accordingly.

My signature below attests to my participation in the preparation of the attached promotions and/or tenure review file, and to my acceptance of the attached documentation as complete and accurate.

Signature _____

Candidate's Name _____

Date _____