

**UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE
APPLICATION FORM FOR NON-PHYSICIAN FACULTY PROMOTION**

PERSONAL INFORMATION

PART I

Name: **Simon, Stephen D.** Terminal Degree: **Ph.D.**
Department: **Statistics** Subspecialty: **None**
Institution/Hospital: **The Children's Mercy Hospitals and Clinics**
Current Faculty Rank: **Associate Professor** Date of Current Appointment: **05/01/1996**
Years in Current Faculty Rank as of 07/01/2008: **12 Years**
Requested Faculty Rank: **Full Professor** Effective Date of Promotion: **07/01/2008**
Indicate at least 2 Scholarly Activities: Teaching
 Professional/Clinical Service
 Advancement of Knowledge (Research)

1. List all degrees attained after high school, citing institutions from which you received the degrees and dates of the degrees. Indicate if you received any special recognition with your degrees.

Ph.D., University of Iowa, Statistics, December 1982
M.S., University of Iowa, Statistics, December 1978
B.A., University of Iowa, Mathematical Sciences, July 1977

2. List internships, residencies, fellowships, and/or postdoctoral training citing institutions, city and state/foreign country from which you received your postgraduate training, what specialty areas of training and dates of your postgraduate training.

None

3. List professional certifications, licensures and any special/significant recognition connected with your educational background.

None

4. List areas of specialization(s).

None

5. Indicate any other pertinent educational experience, where and dates.

See Professional/Clinical service, section 9.