### Promotion Candidate Information Form

Department of Medicine

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| --- | --- |
| **Candidate Name:** |  |
| **Current Rank:** |  |
| **Proposed Rank:** |  |
| **Start Date of Current Rank:** |  |
|  |
| **Primary Department:** | Medicine |
| **Type of** **Appointment:** | [ ] Clinical (MD) Full-time [ ] Clinical (MD) Part-time [ ] Clinical (MD) Adjunct [ ] Status Only[ ] Other |  |  |
|  |  | **Appointment Date** (D/M/Y)**:** |       |
| **Cross-Appointment(s):** *(where applicable)* |  |
| **Graduate Appointment(s):** | [ ] IMS[ ] IHPME[ ] Other:  |
| **Primary Hospital:** |  |
| **Research Institute:** *(where applicable)* |  |
| **University Division** |  |
|  |
| **Basis for Promotion** (check one) | [ ] Excellence in CPA[ ] Excellence in Research[ ] Sustained Excellence in Teaching |