**Request for Part Time or Adjunct Clinical Faculty Appointment**

**Department of Medicine, Temerty Faculty of Medicine, University of Toronto**

**From:** Head of Medicine/Chief of Staff/Individual to whom the physician will be accountable for their academic activities

**Date:** Click or tap to enter a date.

**To:** Dr. Gillian Hawker

Chair, Department of Medicine

University of Toronto

C. David Naylor Building,

6 Queen’s Park Crescent West, 3rd Floor

Toronto, ON M5S 3H2

**Re:** Candidate’s Name

I am writing to recommend Dr. Click or tap here to enter text. for appointment at the level of Click or tap here to enter text.*[lecturer or assistant/ associate / full professor*] in the Division of Click or tap here to enter text. in the Department of Medicine with an academic position description of Click or tap here to enter text. *[clinician teacher / clinician in quality & innovation / clinician educator / clinician investigator / clinician scientist / clinician administrator]*.

S/he will commit % *(<20% or specify % between 20 and 79%)* of their time engaged in academic activities.

I would ask this appointment to be effective on Click or tap to enter a date.

**Appointment Justification:** This request is to enable engagement in the following academic activities. *Check all that apply*

[ ] Teaching and education – if yes, please check all teaching activities that apply

[ ] Teaching medical learners in the context of clinical care

[ ] Formal teaching of medical learners, e.g., seminars, rounds, courses

[ ] Curriculum /course development or organization

[ ] Continuing medical education

[ ] Other teaching activity: *specify*

|  |
| --- |
| Types of Learners – please check all that apply |
| [ ] MD students | [ ] Practicing physicians |
| [ ] Post-residency fellows *specify specialties*Click or tap here to enter text. | [ ] Residents*specify specialties*Click or tap here to enter text. |

Click or tap here to enter text.

Provide all available teaching evaluations, note any awards or honours received for teaching and other evidence of teaching effectiveness.

[ ] Research

Describe intended research activities, including the candidate’s anticipated role in the research, e.g., Principal Investigator or Lead, Co-Investigator, Collaborator/ Participant

Indicate if the research will require institutional Ethics Review and, if so, the Ethics Board of record

[ ] Creative professional activities

Please describe intended CPA activities, including the candidate’s anticipated role in the activities, e.g., Chair/Lead, Member/Collaborator/Participant

**Qualifications and Justification of Rank**

Dr. \_\_\_\_\_\_\_\_\_\_ completed a MD at \_\_\_\_\_\_\_\_\_\_\_. S/he is certified by the Royal College of Physician and Surgeons in \_\_\_\_\_\_\_\_\_\_\_ (or other equivalent Governing body).

*If requesting appointment at the rank of* ***Assistant Professor or higher****, please specify the following:*

1. **Advanced Training *over and above* residency that is relevant to the requested appointment,** e.g., training in health professions education, QI certification/degree:
2. **Demonstrated Scholarship relevant to this appointment,** e.g., track record of teaching excellence, first-author peer-review publications, QI projects completed and disseminated

**Licensure and Professional Conduct**

S/he holds a [*details of CPSO certification]*.

***Please comment on the candidate’s professional conduct, including any practice restrictions as per CPSO.***

Yours Sincerely,