**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,