



**Promotion Candidate Information Form**  
Department of Medicine

<b>Candidate Name:</b>			
<b>Current Rank:</b>			
<b>Proposed Rank:</b>			
<b>Start Date of Current Rank:</b>			
<b>Primary Department:</b>	Medicine		
<b>Type of Appointment:</b>	<input type="checkbox"/> Clinical (MD) Full-time <input type="checkbox"/> Clinical (MD) Part-time <input type="checkbox"/> Clinical (MD) Adjunct <input type="checkbox"/> Status Only <input type="checkbox"/> Other		
		<b>Appointment Date (D/M/Y):</b>	
<b>Cross-Appointment(s):</b> <i>(where applicable)</i>			
<b>Graduate Appointment(s):</b>	<input type="checkbox"/> IMS <input type="checkbox"/> IHPME <input type="checkbox"/> Other: _____		
<b>Primary Hospital:</b>			
<b>Research Institute:</b> <i>(where applicable)</i>			
<b>University Division</b>			
<b>Basis for Promotion</b> <i>(check one)</i>	<input type="checkbox"/> Excellence in CPA <input type="checkbox"/> Excellence in Research <input type="checkbox"/> Sustained Excellence in Teaching		