**Academic Activities Document for Clinical Adjunct and Part-Time Faculty Appointments**

**Date:** Click or tap here to enter text.

**Name of Faculty Member:** Click or tap here to enter text.

**Hospital/Practice Site:**Click or tap here to enter text.

**Division:** Choose an item.

**Appointment Type Requested (Please Select ONE):**

[ ]  **Clinical Adjunct** (<20% professional time engaged in academic activities)

[ ] **Clinical Part-Time** (20-79% professional time engaged in academic activities)

**Proposed Academic Position Description: Clinician Teacher**

**Proposed Rank: Lecturer**

**Please briefly describe why you are requesting a University appointment:**

Click or tap here to enter text.

Please fill out the chart below where applicable.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Description** | **Specify Activities** | **Time Distribution (must equal to 100%)** |
| **Teaching in the context of Clinical Care** | Since academic contribution is often in the context of clinical care, the site and nature of the activities will vary according to specialty and location of practice. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Formal Teaching Activity** | Pre-MD, MD pre clerkship, MD- clerkship, Residency, Fellowship, Graduate, Continuing Education | Click or tap here to enter text. | Click or tap here to enter text. |
| **Scholarship** | Creative Professional Activity, Research (all types) and Education scholarship | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other Activities****-** Specify | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Clinical Faculty Annual Academic Review:** Adjunct and part time clinical faculty members are required to submit an annual activity report for review to renew their academic appointment with the Department of Medicine.

**Health Profession Education Requirement**: All clinical **part-time** faculty members recruited to the Department of Medicine with the academic position description of **Clinician Teacher** are expected to complete training in health professional education within three years of initial appointment. Please see CFD website for options.

**Reporting Relationship**: The faculty member reports to their University of Toronto Department Chair and to their Departmental Hospital Physician in Chief, Education Director, Division Director, or CEO.

**Dates and Signatures:**

***I have reviewed, approved and am committed to the success of these academic activities:***

**Faculty Member:**

**Hospital Chief of Medicine (if based at hospital):**

**University Department Chair (will be signed after submission):**