

APPLICATION FOR APPOINTMENT AS:

ASSISTANT CLINICAL PROFESSOR (ADJUNCT)

Name: _____ Email: _____
 Mailing address: _____ Phone: _____ Ext: _____
 _____ Fax: _____
 Home Address: _____ Home Phone: _____

I understand that this appointment is for a three-year term. This appointment is based on (i) providing 150 credited hours of educational activity/supervision over the next three years; (ii) maintaining in good standing my CPSO license or membership with a relevant regulatory authority (if applicable) and hospital privileges (if applicable); (iii) the recommendation of the Assistant Dean or Site Coordinator; Department Chair or Delegate and the Faculty of Health Sciences; (iv) adherence to the McMaster University Code of Conduct. Renewal of this appointment will be based on the above criteria and receiving satisfactory student evaluations.

FOR PHYSICIANS ONLY: I understand, as a practicing physician this appointment is conditional upon obtaining and maintaining a valid licence to practice medicine in Ontario, and (if applicable) holding an active medical staff appointment and privileges at the location listed below. I agree to notify the Chair of my Academic Department if these standings change.

Active Medical Staff appointment & privileges at: _____ CPSO# _____

Mutually Agreed Educational Contributions: 150 credited hours over 3 Years:

Location(s) of Educational Activities: Hamilton Kitchener/Waterloo Niagara Other:

Undergraduate Role(s): _____ **Postgraduate Role(s):** _____

Up-to-date CV outlining undergraduate and postgraduate training is attached to this application.
(Applications submitted without a CV cannot be processed)

 Applicant's Signature Date

For completion by the Assistant Dean/Site Coordinator

CPSO Status/Hospital Appointment Confirmed

I approve the above application for an appointment as Assistant Clinical Professor (Adjunct).

Assistant Dean/Site Coordinator: _____

 Printed name Sign and Date

For completion by the Department Chair/Delegate

Academic Department: _____ Start date: _____

Department Chair/Delegate: _____

 Printed Name Sign and Date

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.