

APPLICATION FOR RE-APPOINTMENT AS :
ASSISTANT CLINICAL PROFESSOR (ADJUNCT)

Name:		Rank:	Assistant Clinical Professor (Adjunct)
Department:		Email:	
Contact Address:		Secondary Address:	
Contact Phone:		Secondary Address Type:	Home Other:
Contact Fax:		Secondary Phone:	

Location(s) of Educational Activities				
Hamilton	Kitchener/Waterloo	Niagara	Burlington CEC	Grand Erie/Six Nations CEC
Halton CEC	Other: _____		Midwifery Education Program	

Mutually Agreed Contributions: 150 credited hours over 3 years

I understand that this reappointment is for a three-year term. This renewal is based on receipt of satisfactory student evaluations and on the following: (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

Applicant's Signature

Date

For Physicians:

I understand, as a practicing physician this appointment is conditional upon maintaining a valid licence to practice medicine in Ontario, and 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.

CPSO # _____

Active Medical Staff at (if applicable) : _____

For completion by the Assistant Dean/Site Coordinator and/or Department Education Coordinator

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

Assistant Dean/Site Coordinator Signature & Date

and/or

Department Education Coordinator Signature & Date

For completion by the Department Chair/Delegate

I request that the above faculty member's appointment be extended for three years effective July 1, 20__.

CPSO Status and/or Hospital Appointment confirmed

Department Chair Signature & 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.