

APPLICATION FOR REAPPOINTMENT AS PART TIME FACULTY

Name:		Rank:	
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:

I understand that the recommendation for renewal of this appointment will be based on student evaluations and other service to the Faculty. As a condition of this appointment renewal, I agree to provide a minimum of 100 credited hours of educational and/or other service to the Faculty annually; maintain in good standing my CPSO license or membership with a relevant regulatory authority (if applicable) and hospital privileges (if applicable); and adhere to the McMaster University Code of Conduct. Regardless of the location of my educational contributions, I understand that approval of this appointment extension is at the discretion of the Chair of my academic department.

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

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 _____ years effective July 1, 20__.

CPSO Status and/or Hospital Appointment confirmed

Department Chair Signature & Date