

CLINICAL SCHOLAR APPLICATION

This form must be completed and submitted to the Office of the Department Chair **not later than April 15** each year. The department must submit the completed and approved form to FHS Faculty Relations by **April 30th**.

New Returning Name:

Start Date:

End Date:

Hospital site:

Division:

Clinical Supervisor:

Research Mentor:

Planned Activities for Scholar

Include details on research/education/clinical activities

Financial Arrangements (attach evidence of funding)

EXTERNAL FUNDING:

Amount

Source

INTERNAL FUNDING:

Amount

Source

University Account Number for base salary recovery

Potential Clinical Earnings

(Provide details of type of clinical earnings and amounts)

Source: OHIP Billing Amount

Draw Amount

Source: AFP Participation Payment

Total

CLINICAL SCHOLAR APPLICATION FOR

Plans to provide for Office/Lab/Secretarial Support

(Please indicate source of funding for office/administrative support)

Mandatory Approvals

Division Director (McMaster University)

Name

Signature

Date

Service Head (Host Hospital)

Name

Signature

Date

CEO or VP Medical (Host Hospital)

(in some instances the scholar will be required to meet with the CEO/VP Medical). Signature confirms application for medical staff membership and privileges have been sent to the candidate and the Hospital waives the requirement for an Impact Analysis.

Name

Signature

Date

Department Chief (Host Hospital)

Name

Signature

Date

Department Chair

for submission to the Dean/VP, Council of the Michael G. DeGroot School of Medicine at the May meeting.

Name

Signature

Date