

**APPLICATION FOR RE-APPOINTMENT:**  
**CHANGE IN CONTRIBUTION LEVEL**

<b>Move to Adjunct</b>	<b>Move to Part-Time</b>
Individual will contribute 50 hours of education annually over the next three year term	Individual will contribute 100 hours of education annually over the next three year term

Name:		Rank:	
Department:		Email:	
Mailing Address:		Phone:	
		Extension:	
		Fax:	

<b>Location(s) of Educational Activities</b>				
Hamilton	Kitchener/Waterloo	Niagara	Burlington CEC	Grand Erie/Six Nations CEC
Halton CEC	Osler CEC			

**Mutually Agreed Contributions**

I understand that this reappointment is for a three-year term. I am aware that my appointment type has changed based on the number of hours I have contributed to education in the last three years. 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 (applicable to adjunct renewal) or providing 300 credited hours of educational activity/supervision over the next three years (applicable to part-time renewal) ; (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 a reappointment.

\_\_\_\_\_  
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 3 years effective July 1, 201\_.

CPSO Status and/or Hospital Appointment confirmed

\_\_\_\_\_  
Department Chair Signature & Date