

APPLICATION FOR REAPPOINTMENT AS
 PART TIME FACULTY

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

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

Mutually Agreed Contributions:

I understand that the recommendation for renewal of this appointment is 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

I approve the above application for a renewal.

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, ____.

CPSO Status and/or Hospital Appointment confirmed

Department Chair Signature & Date

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