
APPLICATION FOR REAPPOINTMENT AS:
PART TIME FACULTY

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

Mutually Agreed Contributions:

I understand that the recommendation for renewal of this appointment is based on student evaluations and other service to the Midwifery Education Program. 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; and adhere to the McMaster University Code of Conduct.

I understand, as a practicing midwife, this appointment is conditional upon maintaining valid registration with the College of Midwives of Ontario. I agree to notify the Assistant Dean of the Midwifery Education Program and the Chair of the Department of Family Medicine if these standings change.

Applicant's Signature

Date

For completion by the Assistant Dean, Midwifery Education Program

CMO Status confirmed

The teaching activities listed above are available and adequate to meet the requirements for renewal

Assistant Dean, Midwifery 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, ____.

Chair, Family Medicine Signature

Date

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