

APPLICATION FOR REAPPOINTMENT AS:
 ASSISTANT CLINICAL PROFESSOR (ADJUNCT) OR
 LECTURER (ADJUNCT)

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

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 this reappointment is for a three-year term. 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; (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, _____.

CPSO Status and/or Hospital Appointment confirmed

Department Chair Signature & Date

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