

APPLICATION FOR APPOINTMENT AS:

ASSISTANT CLINICAL PROFESSOR (ADJUNCT)

Have you ever been a McMaster student and/or employee, or have you ever been paid by McMaster? Yes: No:			
If yes, please provide your ID number If known:			
Name:		McMaster Academic Department:	
Mailing Address:		Contact Phone:	
		Ext:	
Email:		* Date of Birth (Month/Day/Year):	
		Gender:	

NOTE: Date of Birth information is required by the University before any online resources can be accessed. Should you choose not to provide your DOB, please be aware that you will not have access to email, library and other online resources.

Proposed Location(s) of Educational Activities				
Hamilton	Kitchener/Waterloo	Niagara	Burlington CEC	Grand Erie/Six Nations CEC
Halton CEC	Olser CEC	Other: _____		

I understand that submission of this application does not imply that I will be granted a faculty appointment. I understand that a faculty appointment may be offered to me, and that if such an offer is made, this appointment will be contingent upon (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/Site Coordinator (if applicable) and the Department Chair and approval of the Dean and Vice-President, FHS; (iv) adherence to the McMaster University Code of Conduct. The complete policy is available here:

http://www.mcmaster.ca/policy/faculty/Appointments/SPS_A4-OtherAppointments-HealthSciences.pdf

I understand that should an appointment be granted, this will begin on the 1st of the month after a completed application package is received from the Department and approved by the Dean and Vice-President, FHS. Additionally, I understand that renewal of this appointment will be based on the above criteria, evidence of satisfactory student evaluations, and completion and submission of the appropriate appointment renewal forms by the deadlines established by the academic department.

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 appointment: _____

I have attached an up-to-date CV outlining relevant training and experience. Information on formatting your CV can be found here: <http://tinyurl.com/fhs-pt-cv> **Note: Applications submitted without a CV will not be processed.**

Proposed Mutually Agreed Educational Contributions: 150 credited hours over 3 Years:

Undergraduate Role(s):

Postgraduate Role(s):

Applicant's Signature

Date

For completion by the Regional Assistant Dean/Site Coordinator

- The teaching activities listed above are available and adequate to meet the requirements for appointment
- CPSO Status and Hospital Appointment confirmed if applicable

Regional Assistant Dean/Site Coordinator: _____

Printed name

Sign and Date

For completion by the Department Chair

Academic Department: _____

Department Chair: _____

Printed name

Sign and Date

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.