

CONFIRMATION OF ACADEMIC APPOINTMENT

Completion of this form is required for an application for a certificate of registration authorizing academic practice submitted to the College of Physicians and Surgeons of Ontario. The form must be completed and signed by the appropriate individuals at the Ontario medical school offering the academic appointment.

SECTION A: TO BE COMPLETED BY THE DEAN OF ONTARIO MEDICAL SCHOOL
Applicant's Surname:
Applicant's Given Name(s):
CPSO File Number (If Known):
QUALIFICATIONS
<p>I confirm that the applicant named above holds a degree in medicine and is currently certified as a specialist in _____ by one of the following:</p> <p style="text-align: center;">Discipline / Sub-discipline</p> <p>The Royal College of Physicians and Surgeons of Canada Type of certification: Permanent, by examination Temporary, by way of academic eligibility If neither, please confirm an application has been made for certification: Type of certification: Expected date of certification:</p> <p>The College of Family Physicians of Canada Type of certification: Permanent, by examination Temporary, by way of academic eligibility If neither, please confirm an application has been made for certification: Type of certification: Expected date of certification:</p> <p>A board in the United States that is a Regular of the board of the American Board of Medical Specialties American Board of</p> <p>An organization outside of Canada or the United States that recognizes medical specialists Name: _____ Country: _____</p>

ACADEMIC APPOINTMENT DETAILS

I confirm that the applicant named above has been offered a geographical full time faculty appointment to the academic staff of an accredited medical school in Ontario as follows:

Name of Ontario Medical School: **McMaster University**

Division:

Department:

Appointment Dates: From:

To:

Academic Rank:

Junior Faculty - Assistant Professor

Senior Faculty

Full Professor or

Associate Professor

SECTION B: TO BE COMPLETED BY THE DEPARTMENT CHAIR FOR ALL APPLICATIONS UNDER ACADEMIC REGISTRATION POLICY RELATING TO JUNIOR FACULTY

I confirm that the applicant has been offered a full time clinical academic appointment to the faculty of an accredited medical school in Ontario at the rank of assistant professor and as such, will practice in a setting that is approved by the Chair of the Department in which s/he holds an academic appointment;

I confirm that the applicant has agreed to a written job description, which provides that s/he will be involved in clinical practice, teaching, research, administration, or clinical development and evaluation or some combination of these;

I confirm that the medical school offering the appointment agrees to assess the applicant's clinical and academic performance; and,

I confirm that the medical school offering the academic appointment agrees to submit annual reports to the Registration Committee in a form that is satisfactory to the College. The report is to be provided by the Chair of the Department where the applicant has the appointment, except for the Northern Ontario School of Medicine (NOSM), where the Department Chair or equivalent may submit the report to the College. In situations where the Chief of the Clinical Department is a separate person from the Chair of the Department, the College expects that the Chair in preparing the report to the College will obtain feedback on the clinical performance of the physician from the Chief of the Clinical Department where the physician is practicing.

Summary of the duties and responsibilities of the holder of this academic appointment:

SECTION C: ACKNOWLEDGEMENT / SIGNATURES

I certify that the information provided on this form is correct and complete.

DEPARTMENT CHAIR (FOR JUNIOR FACULTY APPOINTMENTS ONLY)

Print Name Signature Date

DEAN (FOR ALL FACULTY APPOINTMENTS)

Paul M. O'Byrne
Name Original Signature Date

Please return the completed form directly to:
Applications and Credentials Department
The College of Physicians and Surgeons of Ontario
80 College Street, Toronto, ON M5G 2E2
Email: regcomm@cpsy.on.ca

Stamp or Seal
of Medical School
to be Affixed
Here