McMaster University HEALTH SCIENCES

APPLICATION FOR FACULTY APPOINTMENT:

PART TIME

Name:		McMaster Academic Department:	
Email:		Mailing Address:	
Contact Phone: Ext:		*Date of Birth (Month/Day/Year): Gender:	
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:			

***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 be provided with access to email, library and other online resources

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: _____

This appointment will begin on the 1st month after the department submits a completed appointment package and receives approval from the Dean and Vice-President. A completed appointment package includes this form, 3 letters of reference, CV, department recommendation, and a completed and signed Mutually Agreed Responsibilities (R4) form. Renewal of this appointment will be based on recommendation from the department and satisfactory student evaluations. The complete policy is available here: http://www.mcmaster.ca/policy/faculty/Appointments/SPS_A4-OtherAppointments-HealthSciences.pdf

Proposed Location(s) of Educational Activities

☐ Hamilton ☐ Kitchener/Waterloo ☐ Niagara ☐ Burlington CEC ☐ Grand Erie/Six Nations CEC

☐ Halton CEC ☐ Midwifery Education Program ☐ Osler CEC ☐ ----------

_____ _____

Applicant's Signature Date

Upon submission of this form, the department will contact you for additional information.

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