**Request for Part Time or Adjunct Clinical Faculty Appointment**

**Department of Medicine, Temetry Faculty of Medicine, University of Toronto**

From: Head of Medicine/Chief of Staff/Individual to whom the physician will be accountable for their academic activities

Date: Click or tap to enter a date.

To: Dr. Moira Kapral
Chair, Department of Medicine
University of Toronto
C. David Naylor Building,

6 Queen’s Park Crescent West, 3rd Floor

Toronto, ON M5S 3H2

**Re: Candidate’s Name**

Dear Dr. Kapral,

I am writing to recommend Dr. \_\_\_\_\_\_\_\_\_\_\_ for appointment at the level of \_\_\_\_\_\_\_\_\_\_\_\_\_ *[lecturer or assistant/ associate / full professor*] in the Division of \_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of Medicine with an academic position description of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[clinician teacher / clinician in quality & innovation / clinician educator / clinician investigator / clinician scientist / clinician administrator]*.

S/he will commit \_\_% (<20% or specify % between 20 and 79%) of their time engaged in academic activities.

I would ask this appointment be effective \_\_\_\_\_\_\_\_\_\_\_ (date).

**Appointment Justification:** This request is to enable engagement in the following academic activities. *Check all that apply*

[ ]  Teaching and education – if yes, please check all teaching activities that apply

[ ] Teaching medical learners in the context of clinical care

[ ] Formal teaching of medical learners, e.g., seminars, rounds, courses

[ ] Curriculum /course development or organization

[ ] Continuing medical education

[ ] Other teaching activity: *specify* Click or tap here to enter text.

 Types of Learners – please check all that apply

 [ ] MD students [ ]  Practicing physicians

 [ ] Post-residency fellows [ ]  Residents

 *specify specialties specify specialties*

Click or tap here to enter text.Click or tap here to enter text.

Provide all available teaching evaluations, note any awards or honours received for teaching and other evidence for teaching effectiveness.

[ ]  Research

Indicate if the research will require institutional Ethics Review and, if so, the Ethics Board of record

Describe intended research activities, including the candidate’s anticipated role in the research, e.g., Principal Investigator or Lead, Co-Investigator, Collaborator/ Participant

[ ]  Creative professional activities

Please describe intended CPA activities, including the candidate’s anticipated role in the activities, e.g., Chair/Lead, Member/Collaborator/Participant

**Qualifications** **and Justification of Rank**

Dr. \_\_\_\_\_\_\_\_\_\_\_\_ completed a MD at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. S/he is certified by the Royal College of Physician and Surgeons in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (or other equivalent Governing body).

*If requesting appointment at the rank of* ***Assistant Professor or higher,*** *please specify the following.*

1. **Advanced Training *over* and *above* residency that is relevant to the requested appointment,** *e.g., training in health professions education, QI certification/degree*
2. **Demonstrated Scholarship relevant to this appointment,** e.g., track record of teaching excellence, first-author peer-review publications, QI projects completed and disseminated

**Licensure and Professional Conduct**

S/he holds a *[details of CPSO certification*].

***Please comment on the candidate’s professional conduct, including any practice restrictions as per CPSO.***

Yours Sincerely,