



**UBC Department of Family Practice
Clinical Faculty Appointments, Reappointments and Promotions**



PROMOTE to CLINICAL ASSOCIATE PROFESSOR

The UBC Department of Family Practice believes it has the responsibility to its trainees, patients, the university and the public to ensure a hospitable climate and protection through departmental processes for teaching clinical faculty members. We wish to encourage teachers who are excellent mentors and role models.

At the time of consideration for promotion, all Clinical Family Practice Faculty will be asked to complete this form. Either the Faculty of Medicine or the Department of Family Practice appointment and promotion regulations require the following questions be answered. This material will be kept confidential and will not be shared other than with the Appointment and Promotions Committee and Faculty/Department administrators as is needed.

1. I have read the requirements for clinical faculty promotion (separate accompanying letter) and I would like to:

- a) Continue with my current rank ↑ * Please complete sections 2 – 4 and return for our records
- b) Seek promotion** ↑ * Please complete entire form and return for processing
- c) Allow my appointment to lapse ↑ * Please sign form and return for our records

Signature: _____ **Date:** _____ **I.D. No:** _____

2. Name _____ **Sex:** **F** **M**

3. Address (Office) _____

(Home) _____

4. Phone _____ **Fax** _____

E-mail _____

D.O.B. _____
 MM /DD / YYYY

S.I.N. _____
 (Required for payment purposes. If not a Canadian citizen, UBC requires proof that you are legally entitled to work in Canada.)

5. Medical School and Year of Graduation: _____

6. Postgraduate Training (content/location): _____

7. College of Family Physicians of Canada affiliation Yes

Current CFPC certificant (exam or practice eligible and a current paying member)

Current CFPC member (not exam or practice eligible but is a current paying member)

Past CFPC certificant (exam or practice eligible but not a current paying member)

8. Do you participate in (a) formal CME program(s)? Yes No
Approximate hours per year _____

9. Have you ever had any disciplinary action from a court or medical licensing body committee? Yes No
 If yes, please elaborate: _____

10. Teaching Experience in the past five years:

<i>Example</i>	2001-2002	Family Practice Continuum 401	Approx. ___ hours
	2001-2002	Family Practice Continuum 402	Approx. ___ hours
	2001-2002	Rural Experience FMPR 426	Approx. ___ hours
	2001-2002	Hospital Teaching Rounds	Approx. ___ hours

YEAR	DESCRIPTION	CONTACT HOURS

Additional Teaching Information Enclosed Yes No
(e.g. community teaching)

11. Please list your research contributions over the past 5 years, if applicable
 See CV

12. Please list your administrative contributions (local & provincial) over the past 5 years, if applicable

13. Awards (e.g. 1998 – FCFP; 2001 Teacher of the Year, UBC Department of Family Practice)

14. In your capacity as a teacher, do you have colleagues with whom UBC trainees would regularly associate? Yes No

If yes, please list: _____

15. If you have any formal teaching evaluations from outside the Department of Family Practice or any other information which you feel should be taken into consideration by the Committee when considering your promotion, please attach to this form.

Additional Information Enclosed

Yes

No

NOTE:

“Are you conducting or do you plan to conduct research in the foreseeable future during your appointment?”

YES NO

If yes, the University requires that all Researchers file a Conflict of Interest/Conflict of Commitment declaration. It is not an option.

For more information, please go to RISE <<https://rise.ubc.ca>>.”

Please return this form to your Site Coordinator/Program Assistant along with a current copy of your C.V. (in UBC format). She/he will then attach the letter of recommendation from your Director/Supervisor and submit this package to the Clinical Faculty Coordinator for processing.

Rev. July 2007