**UBC Department of Family Practice**

**Clinical Faculty Appointments, Reappointments and Promotions**

**APPOINT / PROMOTE to the Rank of 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 ٱ \* Please complete sections 2 – 4 and return for our records |
|  | **b) Seek promotion** ٱ \* Please complete entire form and return for processing |
|  | c) Allow my appointment to lapse ٱ \* 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** |  |   |
| **5.** | **Medical School and Year of Graduation:** |  |
|  |  |  |

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| --- | --- | --- |
| **6.** | **Postgraduate Training (content/location):** |  |

|  |  |
| --- | --- |
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| **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) |  |  |  |
|  |
| Yes No  |
| **8.** | **Do you participate in (a) formal CME program(s)?** |  |  |  |
|  | *Approximate hours per year* |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **9.** | **Have you ever had any disciplinary action from a court or medical licensing**  | **Yes** |  | **No** |
|  | **body committee?** |  |  |  |
|  | If yes, please elaborate: |  |

|  |  |
| --- | --- |
| **10.** | **Teaching Experience in the past five years**: |
| **Example** | *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* |

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| --- | --- | --- |
| YEAR | **DESCRIPTION** | **CONTACT HOURS** |
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| **Additional Teaching Information Enclosed**  | **Yes** |  |  |  **No** |  |  |
|  (e.g. community teaching) |  |  |  |  |  |  |

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| --- | --- |
| **11.** | Please list your research contributions over the past 5 years, if applicable. |
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| **12.** | **Please list your leadership/administrative contributions (provincial & national organizations) over the past 5 years.**  |
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| **13**. | Awards *(e.g. 1998 – FCFP; 2001 Teacher of the Year, UBC Department of Family Practice)* |
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|  |  |
| **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**](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. Feb.2021*