

APPLICATION FOR CLINICAL FACULTY APPOINTMENT

Thank you for your interest in obtaining a Clinical Faculty appointment. The information requested will be shared only as necessary to consider your application and to process and administer any initial and subsequent appointments. Once complete, please send this form to your specific Department, School or distributed site (Southern Medical Program, Island Medical Program, Northern Medical Program) administration. Please also refer to your specific Department, School or distributed site for any additional application requirements.

Note: please complete the application form in its entirety. Incomplete applications will result in delays with reviewing your application and delay in teaching or clinical supervisor assignments.

I am applying for an appointment in the Department/School of: _____

If known, please provide the Program or the Division: _____

Legal Name

Surname First Name Middle Name

Alternate Name, if applicable. Please tick if this is your preferred name ☐

Surname First Name Middle Name

UBC is required to collect evidence of legal entitlement to be in Canada and perform services for UBC.

Canadian Citizens or Permanent Residents – Please provide:

Social Insurance Number (SIN): _____

Or a copy of one of these documents: ☐ SIN confirmation Letter ☐ CRA Tax receipt showing SIN

Foreign Citizens with a Work Permit – Please provide:

Social Insurance Number (SIN): _____ **AND** a copy of Work Permit naming UBC as the employer

Note: If you will teach in the Island Medical Program, University of Victoria should also be named on the Work Permit

Current Home Address:

Street Number Street Apartment Number, if applicable

City Province Postal Code

Preferred Mailing Address, if different than above:

Street Number Street Office or Apartment Number, if applicable

City Province Postal Code

Phone: Primary _____ ☐ Home ☐ Work ☐ Cell

Secondary _____ ☐ Home ☐ Work ☐ Cell

Date of birth (dd/mm/yyyy): _____ Gender Identity: ☐ Man ☐ Non-Binary ☐ Woman ☐ Prefer not to disclose

Work Email (this email will be publicly shown in the UBC Directory. Please use a UBC, health authority, hospital, or an office email where possible): _____

All new appointments will be at the rank of **Clinical Instructor** unless there is previous teaching experience, experience and evidence that supports an appointment at a higher rank, or specialized qualifications of value to the teaching programs of the University. If you wish to discuss an appointment at a higher rank, please contact your Department/School administrator to obtain the requirement for the rank that you are seeking. If you are applying at a higher rank, tick here ☐ and skip to page 3: **For Applications for All Ranks—please complete the rest of the form and sign.**

Please complete this page (Parts I to V) if you are applying at the rank of Clinical Instructor.

I: Please provide details of any teaching you have done or plan to do in the UBC Faculty of Medicine such as: teaching, clinical education that will help support the appointment application (e.g. guest lecturer, tutorial facilitator, clinical teaching assistant, clinical educator/ preceptor)

Clinical Supervision of Students/ /Undergraduate/ Graduate Students Supervised and/or Co-Supervised	Number (include partial e.g. 0.5)	Student Name	Program Type	Year (Start and Finish)	Principal Supervisor	Co-Supervisor(s)	Planned/ Confirmed
Fieldwork/ Clinical placements provided							
Clinical visits/observations provided							
Organization of placements/ clinic visits and provision of staff support in these areas							
Undergraduate Students							
PhD's/ MSc's							
Residents/ Fellows							
Other:							

Teaching Contributions to Department/ School (e.g. teaching assistant, module instructor/ facilitator, guest lecture)	Position (e.g. TA, guest lecturer)	Course Number	Scheduled/ Unscheduled Hours	Class Size	Hours Taught (Lectures/ Tutorials/ Labs/ Other	Year(s)	Planned/ Confirmed

Other contributions at UBC that support this appointment (e.g. Committees, facilitation of interprofessional curriculum etc.):

Other contributions outside of UBC that support this appointment application (e.g. Courses taught, presentations at conferences, awards etc.):

Appointments – Do you currently officially hold or have you ever held an appointment at UBC or at any other University/post-secondary institution? If yes, please list below:

University or Institution	Faculty/ Department	Rank/Title	Dates

Employment/Relevant Appointments: please list current employment and/or any other current or past appointment(s) at any other company or organization below:

Company or Organization	Faculty/Department	Rank/Title	Dates

II: Education and Professional Information**Post-Secondary Education**

University or Institution	Degree	Subject Area	Dates

Continuing Education/Training

University or Institution	Title	Dates

III: If you do not provide direct patient care, please describe the activities you perform that support the delivery of patient care, or focuses on improving or sustaining the health of the population.

IV: Research (if applicable) Please note that UBC researchers are required to complete a [Conflict of Interest Declaration](#) annually.

My research focus is:

Research	Role (PI; Co-PI; Project Contributor etc)	Supervisor	Year(s)	Planned/ Confirmed

V: List any other qualifications, awards or other information that is relevant to this application

For Applications for All Ranks—please complete the rest of the form and sign.

Licensing/Registration/Professional Memberships (please check all that apply)

- ☐ College of Family Physicians of Canada (CFPC)
- ☐ Royal College of Physicians and Surgeons of Canada (RCPSC)
- ☐ College of Physicians and Surgeons of BC (CPSBC)
- ☐ College of Physical Therapists of British Columbia
- ☐ College of Occupational Therapists of British Columbia
- ☐ College of Midwives of British Columbia
- ☐ College of Speech and Hearing Health Professionals of British Columbia
- ☐ Other: please specify _____

Clinical Setting (where health care teaching will occur)

Primary Hospital Site/Clinical Setting:

Additional Hospital Privileges:

Primary Health Authority:

Ministry of Child and Family Development (BC):

School District:

Private Practice:

Other (please describe including locums):

TERMS & CONDITIONS

A Clinical Faculty appointment in the Faculty of Medicine (FOM) is subject to the approval of the UBC Board of Governors and is granted on the terms set out below. By accepting an appointment you agree to perform academic services in the FOM and to be bound by the terms and conditions governing the appointment:

1. Your appointment is made in accordance with [UBC Policy AP4](#) (formerly known as Policy 42) Faculty Term Appointments Without Review and the [UBC FOM Policy on Clinical Faculty Appointments](#) as amended from time to time. As a Clinical Faculty member you will be subject to the policies and procedures of UBC and the FOM which may be amended from time to time. It is your

responsibility to familiarize yourself with the [UBC policies, guidelines and procedures](#), the [FOM policies and guidelines](#), and any Departmental, School, Divisional or Program policies in effect at your site.

2. You will be expected to observe the highest professional standards at all times. In support of this, you are expected to become familiar with the University's "[Respectful Environment Statement](#)". The statement reflects our core values of mutual respect and equity, and promotes a safe, caring, and respectful campus community. UBC holds all staff, faculty and students accountable for carrying out their duties and responsibilities in accordance with this Statement. You are also expected to abide by the Faculty of Medicine "[Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia](#)". By signing these Terms & Conditions and in lieu of signing the [Appendix 1: Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia](#), you confirm that you have read and understood the information set out therein and will abide by it.
3. At the expiry of your current Appointment, the FOM may recommend your reappointment in accordance with the FOM Policy on Clinical Faculty Appointments.
4. As a practicing health professional and Clinical Faculty member you agree to participate in a reasonable share of the academic services provided by Clinical Faculty members in your Department/School/Division or Program at your site. These activities may include teaching, administration, and/or research as appropriate for your appointment and will be carried out under the leadership of the Department Head/School Director. Teaching activities of the FOM may include formal lectures, tutorials, clinical-skills teaching sessions, seminars and clinical teaching combined with patient care. Your teaching activities may involve undergraduate and postgraduate programs. The expected levels of academic contribution required to maintain your Appointment are described in the FOM Policy on Clinical Faculty Appointments.
5. The FOM recognizes that in a clinical setting the wellbeing of the patient is paramount. As a Clinical Faculty member you continue to exercise full autonomy to make decisions regarding patient care. This may include the immediate termination of any academic exercise if, in your professional opinion, it is in the best interest of the patient.
6. Eligible Clinical Faculty members may receive financial compensation for specified academic services. The [Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs](#) are for a fixed term that may differ from the term of your Appointment.
7. We anticipate that your Appointment will be a rewarding, satisfying and enjoyable experience. In the unlikely event that there is a dispute, it will be resolved under the dispute resolution process described in the applicable policy or under the [Dispute Resolution Process for Clinical Faculty](#).

AUTHORIZATION

I hereby authorize the FOM, UBC or its representatives, to consult with registrars of professional organizations of each and every jurisdiction in Canada and elsewhere, administrators and members of medical staff in hospitals and others who may have information bearing on my qualifications, professional competence, character and ethical conduct.

DECLARATION

I certify that all information submitted in this application is correct and complete to the best of my knowledge;

Signature: _____ Date: ____/____/____
Signature dd/mm/yyyy

For Faculty of Medicine use only:

Recommended Clinical Appointment Rank: _____ ☐ Streamlined Application

Start Date: _____ End Date: _____

Appointment at the rank of Clinical Instructor only needs the Department Head's approval.

If rank is higher than Clinical Instructor, provide a UBC CV and reason for recommended rank: DARPT meeting Date: _____

Vote For: _____ Vote Against: _____

Department Head Signature: _____

Attachments: ☐ Welcome Letter ☐ If rank is higher than Clinical Instructor, provide a CV and rationale.

Site: ☐ IMP ☐ NMP ☐ SMP ☐ VFMP