

**UBC FACULTY OF MEDICINE
APPLICATION FOR CLINICAL FACULTY APPOINTMENT
HEALTH PROFESSIONALS/NON-MDs**

Please provide the following information in order to be considered for an appointment as a clinical faculty member in the Faculty of Medicine (FOM). It will be kept confidential and will be shared only as necessary to process and administer your application and any subsequent appointments.

I am applying for an appointment to the Department of: Occupational Science and Occupational Therapy (OS&OT)

APPLICANT

Surname: _____ Prefix: _____
First Name: _____ Middle Name: _____
Date of birth (dd/mm/yyyy): _____ Gender: M ☐ F ☐

PROOF OF IDENTITY AND LEGAL ENTITLEMENT

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) _____

Foreign Citizens with a Work Permit:

Social Insurance Number (SIN) _____ and ☐ Copy of work permit

DEMOGRAPHICS

Please tick box to indicate preferred mailing address

☐ **Home address:**

City: _____ Province: _____ Postal code: _____

Phone #: _____ Fax #: _____ Email: _____

☐ **Office address:**

City: _____ Province: _____ Postal code: _____

Phone #: _____ Fax #: _____ Email: _____

EMPLOYMENT RECORD

Please indicate the name of your current employer and years of service:

State any other relevant employment history:

APPOINTMENT RANK

I am seeking an appointment at the rank of:

- ☐ Clinical Instructor (Complete this form and attach appropriate proof of clinical licensure)
☐ Clinical Assistant Professor (Complete this form + appropriate proof of clinical licensure + a **CV**)
☐ Clinical Associate Professor (same as above)
☐ Clinical Professor (same as above)

POST-SECONDARY EDUCATION

(Please indicate degrees, university/institutions and completion dates)

CONTINUING PROFESSIONAL DEVELOPMENT*(Please indicate course titles and dates)*

Course Name	Who offered it	Date

PROFESSIONAL MEMBERSHIPS*A licence to practice is mandatory to obtain a Clinical Faculty appointment.*

- ☐ College of Occupational Therapists of British Columbia (Registration #: _____)
☐ Other College: _____
☐ Other organization: _____

INVOLVEMENT WITH ACADEMIC PROGRAM AT UBC 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	Number	Year(s)	Planned
Fieldwork Placements Provided			
Clinic Visits Provided			
Organization of Placements/clinic visits and Provision of Staff Support in these areas			
Other:			

Teaching Contributions to OSOT Dept. (e.g. teaching assistance, module instructor, guest lecture)	Position (e.g. TA, guest lecturer)	Year(s)	Planned

Research	Role (PI; Co- PI; OSOT 547 Project Contributor etc)	Supervisor (OSOT Faculty or Other)	Year(s)	Planned

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/Institution	Faculty/Department	Rank	Term

TERMS& CONDITIONS

A Clinical faculty appointment in the Faculty of Medicine 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 42 on Faculty Term Appointments Without Review (www.universitycounsel.ubc.ca/files/2010/09/policy42.pdf) and the UBC FOM Policy on Clinical Faculty Appointments (www.med.ubc.ca/faculty_staff/clinical_faculty.htm) 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 obligation to familiarize yourself with the UBC policies and procedures which can be found at (www.universitycounsel.ubc.ca/policies) and with any FOM, 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" (www.hr.ubc.ca/respectful_enviro/index.html) and the Faculty of Medicine "Professional Standards" document (www.med.ubc.ca/faculty_staff/policies-procedures.htm). By signing these Terms & Conditions and in lieu of signing the Professional Standards document, 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 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 program teaching. 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 well being 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 terms governing financial compensation ("Compensation Terms") are for a fixed term that may differ from the term of your Appointment. The current Compensation Terms can be found at www.med.ubc.ca/faculty_staff/clinical_faculty.htm.
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 (www.med.ubc.ca/faculty_staff/clinical_faculty.htm).

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;

Yes ☐ No ☐

Signature: _____ Date: / /
Signature dd mm yyyy

For Department/School use only: Date of Departmental/School Appointment Committee meeting: _____
Proposed Clinical Appointment Rank: _____ Start and End Dates: _____ to _____
Vote For: _____ Against: _____
Department Head/School Director signature: _____
Attachments: ☐ Welcome Letter ☐ If for rank other than Clinical Instructor, a UBC Abbreviated CV