

UBC DEPARTMENT OF PSYCHIATRY
For APPLICATION FOR INITIAL APPOINTMENT AS, OR PROMOTION TO

CLINICAL ASSISTANT PROFESSOR

This form is to be completed by the Division Head or Hospital Head (if more appropriate)

Name and position of person completing this form: _____

NAME OF APPLICANT: _____

Please indicate how the candidate has met the criteria that are necessary for the Committee to consider appointment at, or promotion to, this level. The criteria are:

1. Has demonstrated capability as a teacher by formal assessment.

2. Has demonstrated competence in clinical practice and a willingness to relate his/her practice to teaching.

3. Shows sustained effort to present clear and useful teaching sessions.

4. Has made an effort to learn about teaching techniques.

5. Participates in hospital, agency, professional organization or University administrative and/or service activities.

6. Is a member of appropriate local and provincial or territorial organizations.

7. Participates in research as a primary investigator or in collaborative studies.

8. Has complied with any additional departmental criteria identified in writing.

It is the responsibility of the applicant to have this form completed by the appropriate Division Head or Hospital Head and sent with the other application documents to Margaret Koshi by mail, email or fax: UBC Department of Psychiatry, 2C1 – 2255 Wesbrook Mall Vancouver, BC V6T 2A1, Email: margaret.koshi@ubc.ca, Fax: (604) 822-7756, Phone: 604-822-2142.

Signature

Date