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 skills as an enthusiastic, effective and devoted leader in the educational program and has received formal teaching evaluations that indicate that he/she is an excellent teacher who continually stimulates learners.

2. Is recognized by his/her peers as being an outstanding clinician who has made documented significant contributions to professional practice in his/her hospital, agency, or professional organization, the Faculty, or the University.

3. Has provided leadership in national or international professional organizations.

4. Has demonstrated distinguished service and/or related leadership in committee, administrative or policy-making decisions in his or her hospital, agency, professional organization, the Faculty, or UBC.

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

6. 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 __________________________