



For application for initial appointment as  
**CLINICAL INSTRUCTOR**

This form is to be completed by the Medical Director/Hospital Head or UBC Program Director (if more appropriate)

Name and position of person completing this form: \_\_\_\_\_

**NAME OF APPLICANT:**

This letter of support is a required part of the application package for clinical appointment within the Department of Psychiatry, and is to be completed by the medical director at the hospital where the applicant works, or by the UBC academic program head with the required expertise to assess the application package and comment on the applicant's suitability for appointment within that program. Note that most initial applications are at the rank of Clinical Instructor.

Please advise how the candidate:

- 1. Has demonstrated an interest in, and a promising beginning to, teaching.

\_\_\_\_\_  
\_\_\_\_\_

- 2. Has demonstrated competence in clinical practice and a willingness to relate his/her practice to teaching. If the applicant is not a clinician, please indicate how the applicant's skills are relevant and expected to benefit the Clinical Faculty and/or Department.

\_\_\_\_\_  
\_\_\_\_\_

- 3. Any additional comments:

\_\_\_\_\_  
\_\_\_\_\_

- 4. If the individual completing this form is a medical director, please confirm that the applicant is a physician in good standing at \_\_\_\_\_ Hospital in the Department of \_\_\_\_\_.

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: [psychiatry.hrfaculty@ubc.ca](mailto:psychiatry.hrfaculty@ubc.ca)  
Fax: (604) 822-7756 Phone: 604-822-2142

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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THE UNIVERSITY OF BRITISH COLUMBIA