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.

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____________________________________________________________________________________________
____________________________________________________________________________________________

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

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____________________________________________________________________________________________
____________________________________________________________________________________________

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

5. Has complied with specified departmental/school criteria for appointment, as well as Faculty-wide criteria.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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

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____________________________________________________________________________________________

7. Has been called upon to speak at professional society meetings, in continuing professional educational programs or at other institutions.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

8. Provides approximately 50 hours of academic contribution over a two year period.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

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
Fax: (604) 822-7756, Phone: 604-822-2142.

___________________________________________   _____________________________
Signature                                             Date