

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. 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.

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