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 consistently received good formal teaching evaluations. (attach evaluations or certificates)
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

2. Has obtained the reputation of being a highly competent clinician.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

3. Has developed expertise within his/her own field, which may include an area of special professional skill.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

4. Has taken an active, prominent role in provincial and national professional organizations.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

5. Has complied with specified departmental/school criteria for appointment.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

6. Has contributed significantly to the administration and/or service activities of his/her hospital, agency, professional organization or the University.
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

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

8. Provides more than 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