

UBC FACULTY OF MEDICINE

APPLICATION FOR CLINICAL FACULTY APPOINTMENT

Thank you for your interest in obtaining a Clinical Faculty appointment. The information requested will be shared only as necessary to consider your application and to process and administer any initial and subsequent appointments.

I am applying for an appointment in the Department/School of: _____

If known, please provide the Program or the Division: _____

Name		

Surname	First Name	Middle Name
Alternate Name, if applicable. Please tick if this is your preferred name <input type="checkbox"/>		

Surname	First Name	Middle Name

UBC is required to collect evidence of legal entitlement to be in Canada and perform services for UBC.			
Canadian Citizens or Permanent Residents – Please provide:			
Social Insurance Number (SIN): _____	Or a copy of one of these documents:		
<input type="checkbox"/> Canadian Passport	<input type="checkbox"/> Birth certificate	<input type="checkbox"/> CRA Tax receipt showing SIN	<input type="checkbox"/> Citizenship Card
Foreign Citizens with a Work Permit – Please provide:			
Social Insurance Number (SIN): _____	AND a copy of Work Permit naming UBC as the employer		
<i>Note: If you will teach in the Island Medical Program, University of Victoria should also be named on the Work Permit</i>			

Current Home Address:			

Street Number	Street	Office or Apartment Number, if applicable	

City	Province	Postal Code	
Permanent Home Address, if different than above:			

Street Number	Street	Office or Apartment Number, if applicable	

City	Province	Postal Code	
Phone: Primary _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Secondary _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell
Date of birth (dd/mm/yyyy): _____	Gender: <input type="checkbox"/> M	<input type="checkbox"/> F	
Email: _____			

Education and Professional Information

All new appointments will be at the rank of Clinical Instructor unless there is previous teaching experience or specialized clinical qualifications. If you wish to discuss an appointment at a higher rank, please provide curriculum vitae in the [UBC abbreviated format](#) instead of completing this page, tick here and skip to page 3.

Please complete this page if you are applying at the rank of Clinical Instructor.

Post-Secondary Education (Please indicate degree, university/institution and completion date)

Continuing Education/Training (Please indicate title, university/institution and completion date)

Research (if applicable)

My research focus is:

Please note that UBC researchers are required to complete a [Conflict of Interest Declaration](#) annually.

Licensing

I am licensed by: Choose an item.

Other: please specify _____

Professional Memberships (Please check all that apply)

- British Columbia College of Family Physicians (BCCFP)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- Other: please specify _____

Primary Health Authority:

Hospital Privileges:

Appointments

Do you currently hold or have you ever held an appointment at UBC or at any other university/post-secondary institution? If yes, please list below.

University/Institution	Faculty/Department	Rank	Term

List any other qualifications, awards or other information that relevant this application

Please provide details of any teaching you have done or plan to do in the UBC Faculty of Medicine

TERMS & CONDITIONS

A Clinical Faculty appointment in the Faculty of Medicine (FOM) is subject to the approval of the UBC Board of Governors and is granted on the terms set out below. By accepting an appointment you agree to perform academic services in the FOM and to be bound by the terms and conditions governing the appointment:

1. Your appointment is made in accordance with [UBC Policy 42](#) Faculty Term Appointments Without Review and the [UBC FOM Policy on Clinical Faculty Appointments](#) as amended from time to time. As a Clinical Faculty member you will be subject to the policies and procedures of UBC and the FOM which may be amended from time to time. It is your responsibility to familiarize yourself with the [UBC policies, guidelines and procedures](#), the [FOM policies and guidelines](#), and any Departmental, School, Divisional or Program policies in effect at your site.
2. You will be expected to observe the highest professional standards at all times. In support of this, you are expected to become familiar with the University's "[Respectful Environment Statement](#)". The statement reflects our core values of mutual respect and equity, and promotes a safe, caring, and respectful campus community. UBC holds all staff, faculty and students accountable for carrying out their duties and responsibilities in accordance with this Statement. You are also expected to abide by the Faculty of Medicine "[Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia](#)". By signing these Terms & Conditions and in lieu of signing the [Appendix 1: Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia](#), you confirm that you have read and understood the information set out therein and will abide by it.
3. At the expiry of your current Appointment, the FOM may recommend your reappointment in accordance with the FOM Policy on Clinical Faculty Appointments.
4. As a practicing health professional and Clinical Faculty member you agree to participate in a reasonable share of the academic services provided by Clinical Faculty members in your Department/School/Division or Program at your site. These activities may include teaching, administration, and/or research as appropriate for your appointment and will be carried out under the leadership of the Department Head/School Director. Teaching activities of the FOM may include formal lectures, tutorials, clinical skills teaching sessions, seminars and clinical teaching combined with patient care. Your teaching activities may involve undergraduate and postgraduate programs. The expected levels of academic contribution required to maintain your Appointment are described in the FOM Policy on Clinical Faculty Appointments.
5. The FOM recognizes that in a clinical setting the wellbeing of the patient is paramount. As a Clinical Faculty member you continue to exercise full autonomy to make decisions regarding patient care. This may include the immediate termination of any academic exercise if, in your professional opinion, it is in the best interest of the patient.
6. Eligible Clinical Faculty members may receive financial compensation for specified academic services. The [Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs](#) are for a fixed term that may differ from the term of your Appointment.
7. We anticipate that your Appointment will be a rewarding, satisfying and enjoyable experience. In the unlikely event that there is a dispute, it will be resolved under the dispute resolution process described in the applicable policy or under the [Dispute Resolution Process for Clinical Faculty](#).

AUTHORIZATION

I hereby authorize the FOM, UBC or its representatives, to consult with registrars of professional organizations of each and every jurisdiction in Canada and elsewhere, administrators and members of medical staff in hospitals and others who may have information bearing on my qualifications, professional competence, character and ethical conduct.

DECLARATION

I certify that all information submitted in this application is correct and complete to the best of my knowledge;

Signature: _____ Date: ____/____/____
Signature dd/mm/yyyy

For Faculty of Medicine use only:

Recommended Clinical Appointment Rank: _____ Start and End Dates: _____
If rank is higher than Clinical Instructor: DARPT meeting Date: _____ Vote For: _____ Vote Against: _____

Department Head Signature: _____

Attachments: Welcome Letter If rank is higher than Clinical Instructor, a UBC Abbreviated CV

Site: IMP NMP SMP VFMP UBC ID (early assignment): _____

CLINICAL FACULTY PAYMENT INSTRUCTIONS

NAME				
_____ Surname	_____ First Name	_____ Middle Initial	DR MR MS	PhD MRS Other _____
PAYEE MAILING ADDRESS				
_____ Street Address/PO Box	_____ City	_____ Province	_____ Postal Code	
Email address: _____				

Clinical Faculty members may be eligible to receive payment for assigned compensable activities in the MD Undergraduate and Postgraduate Medical Education programs. Please refer to the [UBC Faculty of Medicine \(FOM\) Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs](#).

PAYMENT ARRANGEMENT

In order to determine your eligibility for compensation for assigned compensable teaching activities, please select the payment arrangement(s) that apply to you as a clinician. ***If two or more payment arrangements are selected, please indicate the PRIMARY mode of payment.

- Fee for Service
- Clinical Service Contract
- Salaried by Hospital or Health Authority
- Sessional or other Alternative Payments Program (APP) - Please describe _____
- Other Arrangement – Please specify _____

NOTE: Payments for teaching in the Island Medical Program are made by the University of Victoria (UVic). The information provided on these Payment Instructions will be shared with UVic only if required to process these payments.

PAYEE INFORMATION

Please complete one of the following four options to select a payee:

1. Payment to a sole proprietor who is a “small supplier(*)” as defined by Canada Revenue Agency (CRA)

Social Insurance Number: _____

2. Payment to a sole proprietor who is registered for GST

GST Number (**): _____ (9 numbers + RT + 4 numbers)

3. Payment to a professional firm or teaching group (corporation or partnership) that is a “small supplier(*)” as defined by CRA

Corporation or Partnership: _____

Business number (mandatory): _____ (9 numbers)

4. Payment to a professional firm or teaching group (corporation or partnership) that is registered for GST

Corporation or Partnership: _____

GST Number (**): _____ (9 numbers + RT + 4 numbers)

I agree to advise UBC of any changes, including a change in GST registration status of the designated payee.

Signature: _____ Date: ____/____/____
Signature DD MM YYYY

*A “small supplier” is currently defined by CRA as a party whose total taxable revenues from all sources will not exceed \$30,000 in a single calendar quarter or in four consecutive calendar quarters. Taxable revenues do not include an individual’s income from employment, or exempt services such as medical and dental. CRA regulations are subject to change. Current regulations governing GST/HST can be found on the CRA website (www.cra-arc.gc.ca). Please consult your financial advisor or accountant if you require any clarification.

**Format is explained by CRA at www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html.

For Faculty of Medicine Use Only: UBC ID _____ Vendor ID _____
TTPS Comments (eligibility)

REQUIRED ONLY FOR CLINICAL FACULTY TEACHING IN THE MD UNDERGRADUATE AND POSTGRADUATE PROGRAM