

UBC DEPARTMENT OF PSYCHIATRY
For APPLICATION FOR INITIAL APPOINTMENT AS, OR PROMOTION TO

CLINICAL ASSOCIATE 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 consistently received good formal teaching evaluations and positive feedback from students.

2. Has 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 or territorial and national professional organizations.

5. Has contributed significantly to the administration and/or services of his or her hospital, agency, professional organization, the Faculty, or the University.

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

7. Participates in research as a primary investigator or in collaborative studies.

8. Has complied with any additional departmental criteria identified in writing.

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: margaret.koshi@ubc.ca, Fax: (604) 822-7756, Phone: 604-822-2142.

Signature

Date