



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Psychiatry
Faculty of Medicine

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 following criteria that are necessary for the Committee to consider appointment at, or promotion to, this level.:

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.

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 Amity Chiang by email amity.chiang@ubc.ca or fax (604) 822-7756.

Signature

Date