



APPLICATION FOR REAPPOINTMENT AS PART TIME FACULTY

r							
Name:			Rank:				
Department:			Email:				
Contact Address:			Secondary Address:				
Contact Phone:			Secondary Address Type:	Home Other:			
Contact Fax:			Secondary Phone:				
Location(s) of Educational Activities							
Hamilton	Kitchener/Waterloo	Niagara	Burlington (CEC Grand Erie/Six Nations CEC			
Halton CEC		Other: Midwifery Education Program					
Mutually Agreed	Contributione						
	CONTRIBUTIONS.						
	CONTRIBUTIONS.						

I understand that the recommendation for renewal of this appointment will be based on student evaluations and other service to the Faculty. As a condition of this appointment renewal, I agree to provide a minimum of 100 credited hours of educational and/or other service to the Faculty annually; maintain in good standing my CPSO license or membership with a relevant regulatory authority (if applicable) and hospital privileges (if applicable); and adhere to the McMaster University Code of Conduct. Regardless of the location of my educational contributions, I understand that approval of this appointment extension is at the discretion of the Chair of my academic department.						
Applicant's Signature & Date						
For Physicians:						
I understand, as a practicing physician this appointment is cond Ontario, and holding an active medical staff appointment and p of my Academic Department if these standings change.						
CPSO # Active Medical Staff at (if applicable) :						
For completion by the Assistant Dean/Site Coordinator and	d/or Depart	ment Education Coordinator				
Assistant Dean/Site Coordinator Signature & Date	and/or	Department Education Coordinator Signature & Date				
For completion by the Department Chair/Delegate						
I request that the above faculty member's appointment be exte	ended for	years effective July 1, 20				
☐ CPSO Status and/or Hospital Appointment confirmed						
Department Chair Signature & Date						

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