

Appendix – Academic Activities Form for Clinical Part Time Faculty



**Date:**  
**Name of Faculty Member:**  
**Hospital:**  
**Clinical Division:**  
**Percent of professional time devoted to academic activities:**  
**Proposed Rank:**  
**Proposed Academic Position Description:**

**Please briefly describe why you are requesting a university appointment:**

**Please Complete All that Apply:**

|   | <b>Description</b>   | <b>Specify proposed activities</b> |
|---|--|------------------------------------|
| <b>Teaching in the context of Clinical Care</b> | Since academic contribution is often in the context of clinical care, the site and nature of the activities will vary according to specialty and location of practice. |                                    |
| <b>Formal Teaching Activity</b>                 | Pre-MD, MD pre clerkship, MD-clerkship, Residency, Fellowship, Graduate, Continuing Education  |                                    |

|                                |   |  |
|--------------------------------|---|--|
| <b>Scholarship</b>             | Creative Professional Activity, Research (all types) and Education                      |  |
| <b>Administrative Activity</b> | Equivalent to being a member of 1 or 2 departmental, university or hospital committees. |  |

**Annual Academic Review:** The faculty member will be requested to submit an activity report each year in spring to renew his/ her academic appointment with the Department of Medicine.

**Health Profession Education Requirement:** All clinical part-time faculty members recruited to the Department of Medicine at the rank of lecturer, with the academic position description of clinician teacher have to complete training in health professional education within three years of appointment.

**Date and Signatures:**

**I have reviewed, approved, and commit to the success of these academic activities.**

**Faculty Member:**

**Hospital Chief of Medicine:**

**University Department Chair:**