

APPLICATION FOR APPOINTMENT AS:

**ASSISTANT CLINICAL PROFESSOR (ADJUNCT)**

Name:		Email	
Contact Phone: Ext:		Mailing Address:	
Date of Birth (Month/Day/Year):		Gender:	
Have you ever been a McMaster student and/or employee, or have you ever been paid by McMaster? Yes:          No:			
If yes, please provide your ID number If known:			

**\*NOTE:** Date of Birth information is required by the University before any online resources can be accessed. Should you choose not to provide your DOB, please be aware that you will not be provided with access to email, library and other online resources

**An up-to-date CV outlining undergraduate and postgraduate training is attached to this application. (*Applications submitted without a CV cannot be processed*)**

I understand this appointment is for a three-year term ending June 30<sup>th</sup>. This appointment will start on the 1<sup>st</sup> of the month after a complete application form is received from the department and approved by the Dean and Vice-President, FHS. This appointment is contingent upon (i) providing 150 credited hours of educational activity/supervision over the next three years; (ii) maintaining in good standing my membership with a relevant regulatory authority (if applicable) ; (iii) the recommendation of the Associate Dean, School of Rehabilitation Science and the Dean and Vice-President, FHS; (iv) adherence to the McMaster University Code of Conduct. Renewal of this appointment will be based on the above criteria as well as evidence of satisfactory student evaluations. The complete policy is available here: [http://www.mcmaster.ca/policy/faculty/Appointments/SPS\\_A4-OtherAppointments-HealthSciences.pdf](http://www.mcmaster.ca/policy/faculty/Appointments/SPS_A4-OtherAppointments-HealthSciences.pdf)

**Mutually Agreed Educational Contributions: 150 credited hours over 3 Years:**

**For completion by applicant**

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Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**For completion by the Department Education Coordinator/Delegate**

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The teaching activities listed above are available and adequate to meet the requirements for appointment

Department Education Coordinator: \_\_\_\_\_

Printed name

Sign and Date

**For completion by the Associate Dean, School of Rehabilitation Science**

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Associate Dean: \_\_\_\_\_

Printed name

Sign and Date

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