

Appendix B

New Appointment

Renewal

**RECOMMENDATION FOR APPOINTMENT
COMMUNITY FACULTY
COLLEGE OF MEDICINE, UNIVERSITY OF SASKATCHEWAN**

Department: _____

1. Full Name of Recommended Candidate:

2. Mailing Address:

3. Email Address:

4. Reason for appointment (type of involvement expected):

5. Career Pathway & Assignment of Duties (refer to section 2.4) :

If new appointment, please complete the following section:

6. Pay rate - please check one:

_____ #1 Private practice physician with normal overhead costs

_____ #2 Salaried or contract basis physician or non-physician self-employed

_____ #0 Reciprocal agreement with an affiliated institution

7. Academic Rank:

8. Effective Date:

I have discussed this appointment and duties involved with the above candidate, and he/she is willing to accept this community faculty appointment.

Date
Encl: Candidate's current C.V.

Signature of Department Head

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For Use by College of Medicine

Approved by:

Signature of Dean or Associate Dean

Date