

**RECOMMENDATION for ONGOING APPOINTMENT to MEDICAL FACULTY  
COLLEGE OF MEDICINE, UNIVERSITY OF SASKATCHEWAN**

Department: \_\_\_\_\_

1. FULL NAME of Recommended Appointee:

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

2. MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

3. EMAIL: \_\_\_\_\_

4. Recommendation Type:

New ongoing appointment to faculty

Existing appointment expiring; new ongoing appointment to faculty

Existing appointment; recommending early new ongoing appointment to faculty

5. CPSS License # \_\_\_\_\_ License type: Regular \_\_\_\_\_ Provisional \_\_\_\_\_

6. Academic Credentials \_\_\_\_\_

7. Effective Date: \_\_\_\_\_

I have discussed this recommendation with Dr. \_\_\_\_\_. He/She is aware of the duties and responsibilities involved with being named to university/department faculty.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Head

Encl: Appointee's current C.V.

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For Use by College of Medicine

Approved by: \_\_\_\_\_  
Signature of Dean (or Vice Dean Faculty Engagement)

\_\_\_\_\_  
Date