



**MEDICAL FACULTY APPOINTMENT ACCEPTANCE FORM**

**\*\* PLEASE COMPLETE AND RETURN \*\***

**Personal Information:**

The University requires the following information to complete your services agreement and to create your NSID:

Date of Birth:    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
                          MM            DD            YYYY

Social Insurance Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male             Female

Daytime Phone Number: \_\_\_\_\_

Alternate Daytime Phone Number: \_\_\_\_\_

Health Authority name: \_\_\_\_\_

If you are **incorporated** please provide your:

Corporation's Name: \_\_\_\_\_

GST Number (if applicable): \_\_\_\_\_

**Communication:**

The College will communicate with you **by email** using the secure *Usask* email address provided by the University following your acceptance of appointment. If you normally use a different email address, then you are responsible for setting up [email forwarding](#), as described in the attached information package. For use until your University email account is created or until you set up the forwarding function, you may wish to provide us with another email address:

Temporary email address: \_\_\_\_\_

**Faculty Appointment Acceptance:**

Your signature acknowledges that you have read and agree with the attached information sheet and that you accept this University medical faculty appointment. Your signature also gives us permission to send relevant email to the *Usask* email address that will be created on your behalf. You are also required to sign the copyright compliance page, attached.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Faculty/Instructor Acknowledgement of Copyright Compliance**

The University of Saskatchewan has a responsibility to ensure that the rights of the creators of copyright-protected materials are being respected and that they are being appropriately compensated for the use of their materials.

As part of the University's commitment to copyright compliance, faculty and instructors are asked to acknowledge their responsibilities in this area. Teaching staff and faculty have the responsibility to ensure the materials they are using in their courses are compliant with Canadian copyright laws and with licensing agreements into which the university has entered. The purpose of the faculty/instructor acknowledgement is to produce evidence of the University's copyright compliance process.

For information about the University's copyright program, guidelines and policy, please visit [www.usask.ca/copyright](http://www.usask.ca/copyright) or contact the Copyright Coordinator at [copyright.coordinator@usask.ca](mailto:copyright.coordinator@usask.ca) or 306-966-8817. In order to complete your acknowledgement of the Faculty/Instructor Statement of Copyright Compliance, please read the following, and sign and date below:

*I acknowledge and understand my responsibility to distribute material in my classes in compliance with Canadian copyright laws for the duration of my engagement in this position.*

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Please return this Medical Faculty Appointment Acceptance Form to the Dean's Office at your earliest convenience (retain a copy for your records) via:

1. Email: [medicine.teaching@usask.ca](mailto:medicine.teaching@usask.ca)
2. Fax: 306-966-6164
3. Mail: College of Medicine, Faculty Engagement  
Box 19, 5D40 - 107 Wiggins Rd  
Saskatoon, S7N 5E5

If you have any questions or comments, please do not hesitate to contact us:

Toll Free: 1-888-966-6896  
Direct: 306-966-6896 or 306-966-1378  
Fax: 306-966-6164

We look forward to receiving the following at your earliest convenience:

- a) your signed Medical Faculty Appointment Acceptance Form
- b) your signed Faculty/Instructor Acknowledgement of Copyright Compliance

N.B. Shortly thereafter, please watch for your NSID which will be emailed to you, if you do not already have one. Thank you.



**Business Cards**

Should you wish to receive 500 complimentary business cards please complete the following:

**(Please Print Clearly)**

\_\_\_\_\_

First Name, Surname, Credentials

\_\_\_\_\_

Rank and Title, as shown in your University medical faculty appointment invitation

\_\_\_\_\_

Address Line 1

\_\_\_\_\_

Address Line 2

\_\_\_\_\_, Canada

City, Prov, Postal Code

Phone:\_( ) \_\_\_\_\_ Fax:\_( ) \_\_\_\_\_

Email: \_\_\_\_\_