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

1. FULL NAME of Recommended Appointee:  Sumame:  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.	De	epartment:			
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: He/She is aware of the duties and	1.	FULL NAME of Recommended	Appointee:		
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: He/She is aware of the duties and		Surname:			
2. MAILING ADDRESS:		First name:			
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		Middle name:			
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	2.				
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:					
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	3.	EMAIL:			
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	4.	Recommendation Type:			
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		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		Existing appointment expiring; new ongoing appointment to faculty			
6. Academic Credentials  7. Effective Date: I have discussed this recommendation with Dr He/She is aware of the duties and		Existing appointment; recommending early new ongoing appointment to faculty			
7. Effective Date:  I have discussed this recommendation with Dr He/She is aware of the duties and	5.	CPSS License #	License type: Regular	Provisional	
I have discussed this recommendation with Dr He/She is aware of the duties and	6.	Academic Credentials			
	7.	Effective Date:		_	
				He/She is aware of the duties and	
Date Signature of Department Head	Date		Signature of Department	t Head	
Encl: Appointee's current C.V.	Encl: A	ppointee's current C.V.			
For Use by College of Medicine	For Use I	by College of Medicine			
Approved by: Signature of Dean (or Vice Dean Faculty Engagement) Date	Approved	d by:	Doon Fooulty Francisco	Dete	