

**CLINICAL TEACHER**  
**PDH/DH RECOMMENDATION for ACADEMIC APPOINTMENT and**  
**RENEWAL (non-Medical Faculty appointment)**  
**COLLEGE OF MEDICINE, UNIVERSITY OF SASKATCHEWAN**

DEPARTMENT: \_\_\_\_\_

1. FULL NAME of Recommended Appointee:

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

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

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

Date of birth(DD/MM/YEAR): \_\_\_\_\_

2. LOCAL MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

4. PHONE NUMBER: \_\_\_\_\_

5. Recommendation TYPE:

\_\_\_\_ New academic appointment to CoM Clinical Teachers

\_\_\_\_ Renewal: Existing appointment expiring/expired

6. Professional License # (if applicable) \_\_\_\_\_ Discipline \_\_\_\_\_

7. Academic Credentials \_\_\_\_\_ (If no PhD, please provide additional information justifying appointment/renewal) (Note: Librarians to receive NSID only)

8. Effective Appointment Date and length of term (within 6 months of present date, up to 5 years):

\_\_\_\_\_ Expires: \_\_\_\_\_

I have discussed this recommendation with the appointee, who is aware of the duties and responsibilities involved with being academically engaged with the College of Medicine.

\_\_\_\_\_  
Date

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

**Encl:** Appointee's current C.V.

Email all documents to: [medicine.facultyengagement@usask.ca](mailto:medicine.facultyengagement@usask.ca)

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**For Use by College of Medicine**

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

\_\_\_\_\_  
Date