MEDICAL FACULTY

PDH/DH RECOMMENDATION for ONGOING and TERM APPOINTMENTS

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 *(SHA & Usask emails provided)*: _____

4. PHONE NUMBER: _____

5. Recommendation TYPE:

   ___ New ongoing appointment to faculty

   ___ Existing appointment expiring; renew to ongoing faculty appointment

   ___ Term appointment (eg. Locum, Visiting professor) End Date: _____

6. CPSS License # _____

7. License type: Regular _____ Provisional _____ Other *(ex: Ministerial)*_____

8. Academic Credentials _____

9. Effective Appointment Date *(within 6 months of present date)*: _____

I have discussed this recommendation with the appointee, who 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.
Email all documents to: 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