



MEDICAL FACULTY PERIODIC APPOINTMENT REVIEW
Faculty to complete initially, sign and submit to Provincial Department Head/Delegate

Name: _____ DATE OF REVIEW _____

FTE: _____ Year Started Practice: _____ Rank/title _____

Date of appointment with CoM: _____ MD PhD Other Degrees _____

1. RCPSC or CFPC certification: Y Year _____ N _____ (explain)
2. CPSS Medical License: Full Provisional Provisional with restrictions
3. Clinical Appointment with SHA: Active Inactive _____ (supply reason)

1. TEACHING

a) Teaching involvement this year: UMGE: Didactic Clinical
PGME: Didactic Clinical

b) Have you received your teaching *evaluations*? Y N

Evaluations satisfactory: _____ Concerns identified: _____

If concerns identified, plan to address deficiencies: _____

c) Have you had a peer evaluation of teaching? Y N (Note: this should occur annually)

2. PARTICIPATION IN FACULTY DEVELOPMENT ACTIVITIES SINCE LAST REVIEW (ie learning new teaching techniques):

Yes _____ Examples of a course or seminar on enhancing teaching _____

3. PARTICIPATION IN ADMINISTRATIVE WORK FOR DEPARTMENT/COLLEGE/UNIVERSITY SINCE LAST REVIEW:

Yes _____ Describe administrative activities _____

Area of Administration I am interested in: _____

4. ACADEMIC CAREER DEVELOPMENT:

Are you interested in advancing in your academic career ie promotion from Assistant to Associate to Full Professor?

Yes _____ No _____ Please refer to [Promotion Checklist](#)

Areas that need to be developed to prepare for promotion: _____

5. CONTRACTUAL ACADEMIC DELIVERABLES (IF APPLICABLE):

ACFP: FTE Teaching _____ Research _____ Academic Administration _____

Academic Leadership or Research Contract: _____

Comments: _____

To be completed by Provincial Department Head or delegate

SUMMARY AND RECOMMENDATIONS FOR UPCOMING YEAR: _____

Provincial Department Head (or Delegate)

Medical Faculty Appointee