

APPLICATION FOR APPOINTMENT AS:

ASSISTANT CLINICAL PROFESSOR (ADJUNCT)

Name:		Email:	
Contact Phone: Ext:		Mailing Address:	
*Date of Birth: (Month/Day/Year)		Gender:	
Have you ever been a McMaster student and/or employee, or have you ever been paid by McMaster? Yes: No:			
If yes, please provide your ID number If known:			

**\*NOTE:** Date of Birth information is required by the University before any online resources can be accessed. Should you choose not to provide your DOB, please be aware that you will not be provided with access to email, library and other online resources

**An up-to-date CV outlining undergraduate and postgraduate training is attached to this application. (*Applications submitted without a CV cannot be processed*)**

I understand this appointment is for a three-year term ending June 30<sup>th</sup>. This appointment will start on the 1<sup>st</sup> of the month after a complete application form is received from the department and approved by the Dean and Vice-President, FHS. This appointment is contingent upon (i) providing 150 credited hours of educational activity/supervision over the next three years; (ii) maintaining valid certification from the College of Midwives of Ontario; (iii) recommendation from the Assistant Dean, Midwifery Education Program; the Department Chair, Family Medicine and the Dean and Vice-President, FHS; (iv) adherence to the McMaster University Code of Conduct. Renewal of this appointment will be based on the above criteria and receiving satisfactory student evaluations. The complete policy is available here: [http://www.mcmaster.ca/policy/faculty/Appointments/SPS\\_A4-OtherAppointments-HealthSciences.pdf](http://www.mcmaster.ca/policy/faculty/Appointments/SPS_A4-OtherAppointments-HealthSciences.pdf)

**Proposed Mutually Agreed Educational Contributions: 150 credited hours over 3 Years:**

*I understand, as a practicing midwife, this appointment is conditional upon obtaining and maintaining valid registration with the College of Midwives of Ontario. I agree to notify the Assistant Dean of the Midwifery Education Program and the Chair of the Department of Family Medicine if these standings change.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For completion by the Assistant Dean, Midwifery Education Program**

- CMO Status Confirmed
- The teaching activities listed above are available and adequate to meet the requirements for appointment

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Sign and Date

**For completion by Chair, Department of Family Medicine**

Department Chair:

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Sign and Date

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.