



Support Form for Clinical Faculty Appointment | Clinical Instructor

It is the responsibility of the applicant to have this form completed and sent with the other application documents to leah.ranada@ubc.ca.

This form is to be completed by a **UBC Psychiatry Division Head or Program Director, Hospital Head or Medical Director, Regional Associate Dean** (if more appropriate), or someone in an oversight role, confirming the applicant has met the criteria for initial appointment at the rank of Clinical Instructor.

Name of Division Head or
other role described above:

Role:

Applicant Name:

For Clinical Instructor:

Applicant has demonstrated an interest in and a promising beginning to teaching

Applicant has demonstrated competence in clinical practice and a willingness to relate their practice to teaching

Applicant is in good standing within their respective BC College or professional governing body.

Additional Comments:

Signature (Division Head or Other)

Date