

APPLICATION FOR CLINICAL FACULTY APPOINTMENT

Thank you for your interest in obtaining a Clinical Faculty appointment. The information requested will be shared only as necessary to consider your application and to process and administer any initial and subsequent appointments. Once complete, please send this form to your specific Department, School or distributed site (Southern Medical Program, Island Medical Program, Northern Medical Program) administration. Please also refer to your specific Department, School or distributed site for any additional application requirements.

Note: please complete the application form in its entirety. Incomplete applications will result in delays with reviewing your application and delay in teaching or clinical supervisor assignments.

I am applying for an appointment in the Department/School of: Choose an item.

If known, please provide the Program or the Division: _____

Legal Name		
Surname	First Name	Middle Name
Alternate Name, if applicable. Please tick if this is your preferred name <input type="checkbox"/>		
Surname	First Name	Middle Name

UBC is required to collect evidence of legal entitlement to be in Canada and perform services for UBC.

For Canadian Citizens or Permanent Residents – Please provide a copy of one of these documents:

SIN card **or** SIN confirmation Letter **or** CRA Tax receipt showing SIN

If you do not wish to provide SIN details, please provide Canadian Passport **or** Birth Certificate **or** PR Card

For Foreign Citizens with a Work Permit – Please provide a copy of these documents:

SIN card **or** SIN confirmation Letter **AND** a copy of Work Permit naming UBC as the employer

Please note: If you will teach for a distributed program (i.e. IMP, SMP, NMP), please make sure your work permit meets the eligibility to teach at these locations. If you have questions, please contact Office of Clinical Faculty Affairs at ocfa.med@ubc.ca.

Current Home Address:		
Street Number	Street	Apartment Number, if applicable
City	Province	Postal Code
Preferred Mailing Address, if different than above:		
Street Number	Street	Office or Apartment Number, if applicable
City	Province	Postal Code
Phone: Primary _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell
Secondary _____	<input type="checkbox"/> Home	<input type="checkbox"/> Work <input type="checkbox"/> Cell
*Date of birth (dd/mm/yyyy): _____	Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Non-Binary <input type="checkbox"/> Woman <input type="checkbox"/> Prefer not to disclose	
Work Email (this email will be publicly shown in the UBC Directory. Please use a UBC, health authority or hospital email where possible): _____		
*For IMP Clinical Faculty, the Date of Birth will be shared with the University of Victoria to process Affiliate appointment.		

All new appointments will be at the rank of **Clinical Instructor** unless there is previous teaching experience, experience and evidence that supports an appointment at a higher rank, or specialized qualifications of value to the teaching programs of the University. If you wish to discuss an appointment at a higher rank, please contact your Department/School administrator to obtain the requirement for the rank that you are seeking. If you are applying at a higher rank, tick here and skip to page 3. Please provide 1) curriculum vitae, UBC abbreviated format preferred, but not required 2) a rationale for appointing at a higher rank. **For Applications for All Other Ranks—please complete the rest of the form and sign.**

Please complete this page (Parts I to V) if you are applying at the rank of Clinical Instructor.

I: Please provide details of any teaching you have done or plan to do in the UBC Faculty of Medicine such as: teaching, clinical education that will help support the appointment application (e.g. guest lecturer, tutorial facilitator, clinical teaching assistant, clinical educator/ preceptor)

Clinical Supervision of Students/ /Undergraduate/ Graduate Students Supervised and/or Co-Supervised	Number (include partial e.g. 0.5)	Student Name	Program Type	Year (Start and Finish)	Principal Supervisor	Co-Supervisor(s)	Planned/ Confirmed
[Choose an item]							
[Choose an item]							
[Choose an item]							

Teaching Contributions to Department/ School (e.g. teaching assistant, module instructor/ facilitator, guest lecture)	Position (e.g. TA, guest lecturer)	Course Number	Scheduled/ Unscheduled Hours	Class Size	Hours Taught (Lectures/ Tutorials/ Labs/ Other)	Year(s)	Planned/ Confirmed

Other contributions at UBC that support this appointment (e.g. Committees, facilitation of interprofessional curriculum etc.):

Other contributions outside of UBC that support this appointment application (e.g. Courses taught, presentations at conferences, awards etc.):

Appointments – Do you currently officially hold or have you ever held an appointment at UBC or at any other University/post-secondary institution? If yes, please list below:

University or Institution	Faculty/ Department	Rank/Title	Dates

Employment/Relevant Appointments: please list current employment and/or any other current or past appointment(s) at any other company or organization below:

Company or Organization	Faculty/Department	Rank/Title	Dates

II: Education and Professional Information

Post-Secondary Education

University or Institution	Degree	Subject Area	Dates

Continuing Education/Training

University or Institution	Title	Dates

III: If you do not provide direct patient care, please describe the activities you perform that support the delivery of patient care, or focuses on improving or sustaining the health of the population.

IV: Research (if applicable) *Please note that UBC researchers are required to complete a [Conflict of Interest Declaration](#) annually. My research focus is:*

Research	Role (PI; Co-PI; Project Contributor etc)	Supervisor	Year(s)	Planned/ Confirmed

V: List any other qualifications, awards or other information that is relevant to this application

For Applications for All Ranks—please complete the rest of the form and sign.

Licensing/Registration/Professional Memberships (please check all that apply)

- College of Family Physicians of Canada (CFPC)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- College of Physicians and Surgeons of BC (CPSBC)
- College of Physical Therapists of British Columbia
- College of Occupational Therapists of British Columbia
- College of Midwives of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia
- Other: please specify _____

Clinical Setting (where health care teaching will occur)

Primary Hospital Site/Clinical Setting:

Additional Hospital Privileges:

Primary Health Authority:

Ministry of Child and Family Development (BC):

School District:

Private Practice:

Other (please describe including locums):

TERMS & CONDITIONS

A Clinical Faculty appointment in the Faculty of Medicine (FOM) is subject to the approval of the UBC Board of Governors and is granted on the terms set out below. By accepting an appointment you agree to perform academic services in the FOM and to be bound by the terms and conditions governing the appointment:

1. Your appointment is made in accordance with [UBC Policy AP4](#) (formerly known as Policy 42) Faculty Term Appointments Without Review and the [UBC FOM Policy on Clinical Faculty Appointments](#) as amended from time to time. As a Clinical Faculty member you will be subject to the policies and procedures of UBC and the FOM which may be amended from time to time. It is your

responsibility to familiarize yourself with the [UBC policies, guidelines and procedures](#), the [FOM policies and guidelines](#), and any Departmental, School, Divisional or Program policies in effect at your site.

2. You will be expected to observe the highest professional standards at all times. In support of this, you are expected to become familiar with the University's "[Respectful Environment Statement](#)". The statement reflects our core values of mutual respect and equity, and promotes a safe, caring, and respectful campus community. UBC holds all staff, faculty and students accountable for carrying out their duties and responsibilities in accordance with this Statement. You are also expected to abide by the Faculty of Medicine "[Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia](#)". By signing these Terms & Conditions and in lieu of signing the [Appendix 1: Professional Standards for Faculty Members and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia](#), you confirm that you have read and understood the information set out therein and will abide by it.
3. At the expiry of your current Appointment, the FOM may recommend your reappointment in accordance with the FOM Policy on Clinical Faculty Appointments.
4. As a practicing health professional and Clinical Faculty member you agree to participate in a reasonable share of the academic services provided by Clinical Faculty members in your Department/School/Division or Program at your site. These activities may include teaching, administration, and/or research as appropriate for your appointment and will be carried out under the leadership of the Department Head/School Director. Teaching activities of the FOM may include formal lectures, tutorials, clinical-skills teaching sessions, seminars and clinical teaching combined with patient care. Your teaching activities may involve undergraduate and postgraduate programs. The expected levels of academic contribution required to maintain your Appointment are described in the FOM Policy on Clinical Faculty Appointments.
5. The FOM recognizes that in a clinical setting the wellbeing of the patient is paramount. As a Clinical Faculty member you continue to exercise full autonomy to make decisions regarding patient care. This may include the immediate termination of any academic exercise if, in your professional opinion, it is in the best interest of the patient.
6. Eligible Clinical Faculty members may receive financial compensation for specified academic services. The [Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs](#) are for a fixed term that may differ from the term of your Appointment.
7. We anticipate that your Appointment will be a rewarding, satisfying and enjoyable experience. In the unlikely event that there is a dispute, it will be resolved under the dispute resolution process described in the applicable policy or under the [Dispute Resolution Process for Clinical Faculty](#).

AUTHORIZATION

I hereby authorize the FOM, UBC or its representatives, to consult with registrars of professional organizations of each and every jurisdiction in Canada and elsewhere, administrators and members of medical staff in hospitals and others who may have information bearing on my qualifications, professional competence, character and ethical conduct.

DECLARATION

I certify that all information submitted in this application is correct and complete to the best of my knowledge;

Signature: _____ Date: ____/____/____
Signature dd/mm/yyyy

For Faculty of Medicine use only:

Recommended Clinical Appointment Rank: _____ Streamlined Application

Start Date: _____ End Date: _____

Appointment at the rank of Clinical Instructor only needs the Department Head's approval.

If rank is higher than Clinical Instructor, provide a UBC CV and reason for recommended rank: DARPT meeting Date: _____

Vote For: _____ Vote Against: _____

Department Head Signature: _____

Attachments: Welcome Letter If rank is higher than Clinical Instructor, provide a CV and rationale.

Site: IMP NMP SMP VFMP

CLINICAL FACULTY PAYMENT INSTRUCTIONS

NAME				
_____ Surname	_____ First Name	_____ Middle Initial	DR MR MS	PhD MRS Other _____
PAYEE MAILING ADDRESS				
_____ Street Address/PO Box	_____ City	_____ Province	_____ Postal Code	
Email address: _____				

Clinical Faculty members may be eligible to receive payment for assigned compensable activities in the MD Undergraduate and Postgraduate Medical Education programs. Please refer to the [UBC Faculty of Medicine \(FOM\) Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs](#).

PAYMENT ARRANGEMENT

In order to determine your eligibility for compensation for assigned compensable teaching activities, please select the payment arrangement(s) that apply to you as a clinician:

- Fee for Service
- Clinical Service Contract
- Salaried by Hospital or Health Authority
- Sessional or other Alternative Payments Program (APP) - Please describe _____
- Other Arrangement – Please specify _____

NOTE: Payments for teaching in the Island Medical Program are made by the University of Victoria (UVic). The information provided on these Payment Instructions will be shared with UVic only if required to process these payments.

PAYEE INFORMATION

Please complete one of the following four options to select a payee:

1. Payment to a sole proprietor who is a “small supplier(*)” as defined by Canada Revenue Agency (CRA)

Social Insurance Number: _____

2. Payment to a sole proprietor who is registered for GST

GST Number (**): _____ (9 numbers + RT + 4 numbers)

3. Payment to a professional firm or teaching group (corporation or partnership) that is a “small supplier(*)” as defined by CRA

Corporation or Partnership: _____

Business number (mandatory): _____ (9 numbers)

4. Payment to a professional firm or teaching group (corporation or partnership) that is registered for GST

Corporation or Partnership: _____

GST Number (**): _____ (9 numbers + RT + 4 numbers)

I agree to advise UBC of any changes, including a change in GST registration status of the designated payee.

Signature: _____ Date: ____/____/____
Signature DD MM YYYY

*A “small supplier” is currently defined by CRA as a party whose total taxable revenues from all sources will not exceed \$30,000 in a single calendar quarter or in four consecutive calendar quarters. Taxable revenues do not include an individual’s income from employment, or exempt services such as medical and dental. CRA regulations are subject to change. Current regulations governing GST/HST can be found on the CRA website (www.cra-arc.gc.ca). Please consult your financial advisor or accountant if you require any clarification.

**Format is explained by CRA at www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html.

For Faculty of Medicine Use Only: UBC ID _____ Vendor ID _____
TTPS Comments (eligibility)

REQUIRED ONLY FOR CLINICAL FACULTY TEACHING IN THE MD UNDERGRADUATE AND POSTGRADUATE PROGRAM

Electronic Fund Transfer (EFT) Request

Complete this form to be paid by direct deposit in a Canadian Bank account
This payment method can only be used with Canadian Dollars

SUPPLIER INFORMATION

Supplier ID (if known):

We use the supplier ID and the last 6 digits of your banking information on file to make sure that the update is coming from a legitimate source. You can find your UBC Supplier ID in payment remittance emails or purchase orders.

Account Number (last 6 digits):

Legal Name:

Email Address:

This email address will be used for payment notifications

Canadian Business or GST number(9 digits):

Address Line 1:

Address Line 2:

City:

Province:

Postal Code:

SUPPLIER BANKING INFORMATION:

Bank Name (Canadian Financial Institution):

Bank Transit Number:

Institution Number:

Account #:

If this form and the required backup documents are not complete supplier setup and payment processes will be delayed. Electronic payment can only be setup up if all requirements are met. If unavailable UBC can pay by cheque.

Requirement 1 - Completed and sign this EFT form

Complete all fields on this form and the authorization section below. Make sure that the form is signed.

Requirement 2 - Select one of the two options for acceptable backup documents

Option 1

Physical Void Cheque

- Attach a photo/scan of an *unaltered* void cheque from a chequebook or printed on cheque stock
- The cheque must show the account holder's name
- **Electronic cheques do not meet this requirement**

Option 2

Document Stamped by your Bank

Have your bank **physically stamp** a document that includes your full banking details.

Examples of documents that can be accepted if stamped:

- Electronic cheques
- Direct deposit info sheets
- Letter from your bank

I/We authorize that my/our payments be forwarded by deposit directly into the above account. I/We have attached a void cheque/bank letter. I have authority to provide the above information on behalf of the corporation/organization/payee.

Name:

Signature: _____

Title:

Print and sign or use an electronic signature. A typed name will not be accepted.

Phone #:

Email:

Date: