



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Psychiatry  
Faculty of Medicine

## Rationale Form | Clinical Associate Professor

It is the responsibility of the applicant to have this form completed and sent with the other application documents to Leah Ranada at [leah.ranada@ubc.ca](mailto:leah.ranada@ubc.ca).

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**Applicant Name:**

**Rationale for:**

**Below are the relevant criteria for the rank of Clinical Associate Professor, as per the *FoM Clinical Faculty Policy*. Please describe how you have:**

Consistently received good formal teaching evaluations.

Developed expertise within your own field, which may include an area of special professional skill, and have earned recognition as a highly competent clinician.



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Taken an active, prominent role in provincial or territorial and national professional organizations.

Contributed significantly to the administration and/or service activities of his or her hospital, agency, professional organization, FOM or UBC.

Been called upon to speak at professional society meetings, in continuing professional educational programs and at other institutions.

**Signature**

**Date**