



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Psychiatry  
Faculty of Medicine

## Rationale Form | Clinical Assistant 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).

---

**Applicant Name:**

**Rationale for:**

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

Demonstrated capability as a teacher and shows sustained effort to present clear and useful teaching sessions.

Demonstrated competence in clinical practice and willingness to relate practice to teaching.



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Psychiatry  
Faculty of Medicine

Made effort to learn about teaching techniques.

Served as a member of appropriate local and provincial or territorial organizations.

Participated in administrative and/or service activities for Department, University, Hospital and/or Health Authority, and professional organizations.

**Signature**

**Date**