

Teaching Application



RURAL ONTARIO MEDICAL PROGRAM

NAME: First: _____ Last: _____

MAILING ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (OFFICE) _____ TELEPHONE: (HOME) _____

FAX: _____ E-MAIL: _____

BIRTHDATE: _____ SOCIAL INSURANCE NO. _____

TEACHING SPECIALTY: FAM.MED ER.MED INT.MED GEN.SURG PAEDS OBS
 OTHER (SPECIFY)

MEDICAL LICENSE CPSO # _____ DATE OF M.D: _____

MEDICAL SCHOOL: _____ POSTGRAD UNIV: _____

ADDITIONAL QUALIFICATIONS: CCFP OTHER (specify) _____

CLINICAL INTERESTS: _____

YEARS IN PRACTICE: _____ HOBBIES: _____

CURRENT TEACHING APPOINTMENT: MCMaster U OF T UWO QUEENS OTTAWA NOSM

OR

ARE YOU INTERESTED IN OBTAINING A PART-TIME FACULTY APPOINTMENT FROM ONE OF THE FOLLOWING:

MCMaster U OF T UWO QUEENS OTTAWA NOSM

LEVEL OF STUDENTS PREFERRED: UNDERGRADUATES POSTGRADUATES

LENGTH OF ROTATIONS PREFERRED: ONE DAY ELECTIVES MONTHLY

HOSPITAL PRIVILEGES: _____

NAME OF DEPARTMENT CHIEF: _____

TELEPHONE OF DEPARTMENT CHIEF: _____

DECLARATION OF APPLICANT: Having read the policy regarding the duties of a preceptor, I solemnly declare and warrant that my past training and experience has been of such a nature and duration that I consider myself competent and capable of undertaking a teaching and supervisory role. I further declare that I have read and will abide by the CPSO Supervision Guidelines and the PAIRO agreement.

PLEASE ATTACH A RECENT CV (USING CV GUIDELINES ATTACHED)

SIGNED: (Applicant) _____ DATE: _____

NAME OF NOMINATING PHYSICIAN: _____

TELEPHONE OF NOMINATING PHYSICIAN: _____

DECLARATION OF NOMINATING PHYSICIAN: It is my belief that the physician making this application is competent to teach and will be an excellent addition to the Rural Ontario Medical Program.

SIGNED: (Nominating MD) _____ DATE: _____