**CLINICAL (MD) SECONDARY LETTER OF SUPPORT**

## Prepared by the Candidate’s Secondary DFCM Division Head or Program Director

(Include in the clinical faculty appointment application)

**Please delete the above text before printing on letterhead**

[Current Date]

Dr. Danielle Martin

Professor and Chair

Department of Family and Community Medicine

University of Toronto

500 University Avenue, 5th Floor

Toronto, ON M5G 1V7

Dear Dr. Martin:

**Re: Clinical [Full Time/Part Time/Adjunct] Appointment Application – Dr [Name]**

I am writing to recommend Dr XX’s clinical [full time/part time/adjunct] appointment at the rank of [XXX] in the Department of Family and Community Medicine to the Department Appointments Committee (DAC).

**Acknowledgement of Secondary Division or Program:**

I am aware that Dr XX will hold their primary clinical appointment with [Site Name]. They will also hold a secondary affiliation in [Division/Program], and I will act as their secondary [Division Head/Program Director]. I am committed to having an open communication with their Primary Chief, Dr. [Name], regarding this candidate’s academic appointment.

**Academic Involvement in Secondary Division or Program:**

***[Mandatory] Use the above paragraph heading and provide a complete summary.***

***This section must include a detailed outline of academic activities, including:***

1. ***type of teaching and learners***
2. ***location of academic activity***

***Example below:***

In addition to teaching family medicine medical students and learners at [Site], Dr XX will be contributing to our division by teaching and mentoring PGY3 palliative care residents on XX days per week at [location]. Dr XX will also act as our Division Quality and Improvement Lead.

**Summary:**

To my knowledge, Dr XX is an ethical, competent physician who would be an appropriate role model for learners.I am confident that Dr XX will be a valuable addition to the Department of Family and Community Medicine at the University of Toronto.

Sincerely,

<Secondary Division Head or Program Director Signature>

Division Head/Program Director name, degrees

Title

Department