**LETTER OF SUPPORT**

**FOR A CONTINUING APPOINTMENT REVIEW (CAR)**

## Prepared by the Family Physician-In-Chief or

## Approved Division Chief

*Please delete the above text before printing on letterhead*

[Current Date]

Dr. David Tannenbaum

Associate Professor and Interim Chair

Department of Family and Community Medicine

University of Toronto, Temerty Faculty of Medicine

500 University Avenue, 5th Floor

Toronto, ON M5G 1V7

Dear Dr. Tannenbaum,

**Re: Continuing Appointment Review (CAR)**

Full Name:

Rank: [Lecturer, Assistant Professor, Associate Professor, Professor]

Academic Position Description Category: [Clinician Teacher, Clinical Educator, etc]

Date of Initial Appointment:

**Assessment of dossier:**

* *Please use this heading and include the following mandatory paragraph below:*

Given the terms and expectations set out at the time of the probationary appointment and the academic standards of the Department of Family and Community Medicine and the Faculty of Medicine, it is my opinion that **Dr. [Name]’s** performance **[does/does not]** merit a transfer to continuing annual appointment status.

I have known **Dr. [Name]** for approximately **[duration]**, as **[state how you know candidate]**. I can confirm that Dr. [Name] is an active member of the College of Family Physicians of Canada (CFPC) and continues to be an active hospital staff member enrolled in a conforming practice plan.

**Reference Letters:**

* *Please use this heading and provide your input on the reference letter(s) included in this application. Example:*

I have reviewed the attached reference letter included in the application package. This letter is highly positive from a colleague who is familiar with the appointee. They attest to **[his/her]** academic contributions.

**Account of Performance since Initial Appointment:**

* *If you feel the appointee DOES merit transfer to a continuing appointment, please outline their performance since initial appointment and describe their academic contributions. This section should be robust – please be specific.*
* *If you feel the appointee DOES NOT merit transfer to a continuing appointment, please outline their performance since initial appointment and describe your specific concerns for the committee.*
* *Suggested items for your input (as applicable):* 
  + *Teaching activities*
  + *Professional conduct and integrity*
  + *Research activities and publications*
  + *CPA*
  + *QI*
  + *Leadership roles, administrative service, etc.*

**Summary Statement:**

* *Please use this heading and provide a summary statement. Example:*

Please find attached the appropriate documents to support this Continuing Appointment Review.

To my knowledge, **Dr. [Name]** is an ethical, competent physician who continues to be an appropriate role model for learners. I am confident that Dr. **[Name]** will continue to make valuable contributions to the Department of Family and Community Medicine at the University of Toronto.

Sincerely,

*<Chief/Program Director Signature>*

Chief/Program Director name, degrees

Title

Department

|  |
| --- |
| To ensure our records are accurate and up-to-date, please provide the following information: |

Applicant’s **business** mailing address:

Name

Department

Hospital

Address

Room #, Floor

City, Province, Postal Code

Primary email address:

Primary business telephone:

Applicant’s **resident** mailing address:

Name

Address

City, Province, Postal Code