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| **DFCM Continuing Appointment Review (CAR)****Application form** |
| **Due date: May 14, 2021** |

**Please complete the following information IN FULL:**

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| **APPLICANT DETAILS** |
| **FIRST Name:**  | **LAST Name:**  |
| **Initial appointment date:**  | **Rank:**  |
| **Hospital Site:**  | **Division (if appl.):** |
| **CPSO #:** | **CCFP #:**  |
| **Academic Position Description:** [clinician teacher, clinician educator, etc…] |
| **Time Commitment FTE:** [>80%] |
| Please confirm that you have reviewed the CAR committee list and completed the **conflict of interest webform**: 🔾 No conflict to declare 🔾 I have declared a conflict (details provided on webform) |

**To ensure our records are accurate and up-to-date, please complete the following form:**

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| --- | --- | --- |
|  | **BUSINESS** | **HOME** |
| Address 1 |  |  |
| Address 2 |  |  |
| City, Province |  |  |
| Postal Code |  |  |
| Telephone/Cell |  |  |
| Fax |  |  |
| **Primary Email:** |  |

**Cover Statement**

*Please provide a highlight of your academic activities since your initial appointment. This could include: outline of teaching (at various levels), curriculum development, research, creative professional activity (CPA), QI, leadership roles, etc.*

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| **CANDIDATE SIGNATURE** |
| **Signature (e-signature acceptable):** | **Date:** |
| ***Please include this form with your CAR application package.******Your Chief/Division Head may want to see this document in order to complete their letter of support.*** |