

UBC FACULTY OF MEDICINE
APPLICATION FOR CLINICAL FACULTY APPOINTMENT (MDs)

Thank you for your interest in obtaining a Clinical Faculty appointment. The information requested will be shared only as necessary to consider your application and to process and administer any subsequent appointments.

I am applying for an appointment to the Department/School of: _____

If known, please indicate the Program or the Division: _____

Applicant	
Surname:	Prefix:
First Name:	Middle Name:

Proof of Identity and Legal Entitlement UBC is required to collect evidence of legal entitlement to be in Canada and perform services for UBC. Canadian Citizens or Permanent Residents – Please provide: Social Insurance Number (SIN): _____ Or a copy of <u>one</u> of these documents: <input type="checkbox"/> Canadian Passport <input type="checkbox"/> Birth certificate <input type="checkbox"/> CRA Tax receipt showing SIN <input type="checkbox"/> Citizenship Card Foreign Citizens with a Work Permit – Please provide: Social Insurance Number (SIN): _____ and <input type="checkbox"/> Copy of work permit noting UBC as the employer

Demographics Please tick box to indicate preferred mailing address <input type="checkbox"/> Home address: City: _____ Province: _____ Postal code: _____ Phone #: _____ Fax #: _____ Mobile #: _____ <input type="checkbox"/> Office address: City: _____ Province: _____ Postal code: _____ Phone #: _____ Fax #: _____ Email: _____ Date of birth (dd/mm/yyyy): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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Payment Arrangement In order to determine your eligibility for compensation for assigned compensable activities, please select the payment arrangement that applies to you as a physician: <input type="checkbox"/> Fee for service <input type="checkbox"/> Clinical Academic Service Contract (CASC) <input type="checkbox"/> Clinical Service Contract <input type="checkbox"/> Other Alternate Funding Plan (AFP) <input type="checkbox"/> Salary – please indicate your employer(s): _____ <input type="checkbox"/> Other – please specify: _____
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Education and Professional Information

The information on this page is only required for appointments made at the rank of Clinical Instructor.

All new appointments will be at the Clinical Instructor rank unless there is previous teaching experience or specialized clinical qualifications. If you wish to discuss appointment at a higher rank, please provide a curriculum vitae in the [UBC abbreviated format](#) instead of completing this page and tick here

Post-Secondary Education (Please indicate degree, university/institution and completion date)

Continuing Education/Training (Please indicate title, university/institution and completion date)

Research (if applicable)

My research focus is:

Please note that UBC researchers are required to complete a [Conflict of Interest Declaration](#) annually.

Professional Memberships (Please check all that apply)

- College of Physicians and Surgeons of British Columbia (CPSBC)
- BC College of Family Physicians – **Certificant or Member** (*please circle*)
- Royal College of Physicians and Surgeons of Canada (RCPSC)

Please list any other memberships: _____

Health Authority Affiliation: _____

Hospital Privileges: _____

Appointments

Do you currently hold or have you ever held an appointment at UBC or at any other university/post secondary institution?

If yes, please list below.

University/Institution	Faculty/Department	Rank	Term

List any other qualifications, awards or other information that could support this application

TERMS & CONDITIONS

A Clinical Faculty appointment in the Faculty of Medicine (FOM) is subject to the approval of the UBC Board of Governors and is granted on the terms set out below. By accepting an appointment you agree to perform academic services in the FOM and to be bound by the terms and conditions governing the appointment:

1. Your appointment is made in accordance with UBC Policy 42 on Faculty Term Appointments Without Review (www.universitycounsel.ubc.ca/files/2010/09/policy42.pdf) and the UBC FOM Policy on Clinical Faculty Appointments (www.med.ubc.ca/faculty_staff/clinical_faculty.htm) as amended from time to time. As a Clinical Faculty member you will be subject to the policies and procedures of UBC and the FOM which may be amended from time to time. It is your obligation to familiarize yourself with the UBC policies and procedures which can be found at (www.universitycounsel.ubc.ca/policies) and with any FOM, Departmental, School, Divisional or Program policies in effect at your site.
2. You will be expected to observe the highest professional standards at all times. In support of this, you are expected to become familiar with the University's "Respectful Environment Statement" (www.hr.ubc.ca/respectful_enviro/index.html) and the Faculty of Medicine "Professional Standards" document (www.med.ubc.ca/faculty_staff/policies-procedures.htm). By signing these Terms & Conditions and in lieu of signing the Professional Standards document, you confirm that you have read and understood the information set out therein and will abide by it.
3. At the expiry of your current Appointment, the FOM may recommend your reappointment in accordance with the Policy on Clinical Faculty Appointments.
4. As a practicing health professional and Clinical Faculty member you agree to participate in a reasonable share of the academic services provided by Clinical Faculty members in your Department/School/Division or Program at your site. These activities may include teaching, administration, and/or research as appropriate for your appointment and will be carried out under the leadership of the Department Head/School Director. Teaching activities of the FOM may include formal lectures, tutorials, clinical skills teaching sessions, seminars and clinical teaching combined with patient care. Your teaching activities may involve undergraduate and postgraduate programs. The expected levels of academic contribution required to maintain your Appointment are described in the FOM Policy on Clinical Faculty Appointments.
5. The FOM recognizes that in a clinical setting the well being of the patient is paramount. As a Clinical Faculty member you continue to exercise full autonomy to make decisions regarding patient care. This may include the immediate termination of any academic exercise if, in your professional opinion, it is in the best interest of the patient.
6. Eligible Clinical Faculty members may receive financial compensation for specified academic services. The terms governing financial compensation ("Compensation Terms") are for a fixed term that may differ from the term of your Appointment. The current Compensation Terms can be found at www.med.ubc.ca/faculty_staff/clinical_faculty.htm.
7. We anticipate that your Appointment will be a rewarding, satisfying and enjoyable experience. In the unlikely event that there is a dispute, it will be resolved under the dispute resolution process described in the applicable policy or under the Dispute Resolution Process for Clinical Faculty (www.med.ubc.ca/faculty_staff/clinical_faculty.htm).

AUTHORIZATION

I hereby authorize the FOM, UBC or its representatives, to consult with registrars of professional organizations of each and every jurisdiction in Canada and elsewhere, administrators and members of medical staff in hospitals and others who may have information bearing on my qualifications, professional competence, character and ethical conduct.

DECLARATION

I certify that all information submitted in this application is correct and complete to the best of my knowledge;

Signature: _____ Date: ____/____/____

For Department use only:	Date of Departmental Appointment Committee meeting: _____
Proposed Clinical Appointment Rank: _____	Start and End Dates: _____ to _____
Vote For: _____ Against: _____	
Department Head signature: _____	
Attachments: <input type="checkbox"/> Welcome Letter <input type="checkbox"/> If for rank other than Clinical Instructor, a UBC Abbreviated CV	

PAYMENT INSTRUCTIONS FOR CLINICAL FACULTY

Name: _____

Clinical Faculty members may be eligible to receive payment for assigned compensable activities in the MD Undergraduate and Postgraduate Medical Education programs. Please refer to the UBC Faculty of Medicine (FOM) Clinical Faculty Compensation Terms: (www.med.ubc.ca/faculty_staff/clinical_faculty.htm).

If you are not eligible for compensation, please tick here:

If you are eligible for compensation, please choose and complete one of the following four options:

1. Payment to an Individual who is a “small supplier(*)” as defined by Canada Revenue Agency (CRA)

- I am providing services to UBC as an independent contractor.
- Payments for teaching will only be incidental income for me.
- Payments will not be subject to statutory deductions.
- Should I cease to be “small supplier”, I will register for a GST/HST account and notify UBC FOM.

Social Insurance Number: _____

2. Payment to an individual who is registered for GST/HST

- I am providing services to UBC as an independent contractor.

GST/HST Number (**): _____ (9 digits + RT + 4 digits)

3. Payment to a corporation or professional firm that is a “small supplier(*)” as defined by CRA

- My primary occupation is with this corporation or professional firm.
- The corporation or professional firm is responsible for all statutory deductions and fees required to maintain the corporation or professional firm in good standing.
- Should the corporation or professional firm cease to be “small supplier”, I will register for a GST/HST account and notify UBC FOM.

Name of corporation/professional firm: _____

Business number (**): _____ (9 digits)

4. Payment to a corporation or professional firm that is registered for GST/HST:

- My primary occupation is with this corporation or professional firm.
- The corporation or professional firm is responsible for all statutory deductions and fees required to maintain the corporation or professional firm in good standing.

Name of corporation/professional firm: _____

GST/HST Number (**): _____ (9 digits + RT + 4 digits)

*A “small supplier” is currently defined CRA as a party whose total taxable revenues from all sources will not exceed \$30,000 in a single calendar quarter or in four consecutive calendar quarters. Taxable revenues do not include an individual’s income from employment, or exempt services such as medical and dental. CRA regulations are subject to change. Current regulations governing GST/HST can be found on the CRA website (www.cra-arc.gc.ca). Please consult your financial advisor or accountant if you require any clarification.

**Format is explained by CRA at www.cra-arc.gc.ca/tx/bsnss/tpcs/bn-ne/wrks-eng.html.

Signature: _____ Date: ____/____/____