



**APPLICATION FOR PROMOTION FROM CLINICAL ASSISTANT TO  
TO CLINICAL ASSOCIATE PROFESSOR  
DEPARTMENT OF ORTHOPAEDICS, UNIVERSITY OF BRITISH COLUMBIA**

<b>From:</b>	Applicant:	<input type="checkbox"/>	Director of CME:	<input type="checkbox"/>
	Division Head:	<input type="checkbox"/>	Director of Undergraduate Education:	<input type="checkbox"/>
	Hospital Head:	<input type="checkbox"/>	Director of Postgraduate Education:	<input type="checkbox"/>

**NAME OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please specifically address the criteria that are necessary for the Committee to consider this promotion. The criteria are:

1. Has shown himself/herself to be one of the better teachers in the Department/School and or hospital by formal assessment. (attach evaluations or certificates)

\_\_\_\_\_  
\_\_\_\_\_

2. Has obtained the reputation of being a highly competent clinician.

\_\_\_\_\_  
\_\_\_\_\_

3. Has developed expertise within his/her own field, which may include an area of special professional skill.

\_\_\_\_\_  
\_\_\_\_\_

4. Has taken an active, prominent role in provincial and national professional organizations.

\_\_\_\_\_  
\_\_\_\_\_

5. Has compiled with specified departmental/school criteria for appointment.

\_\_\_\_\_  
\_\_\_\_\_

6. Has contributed significantly to the administration and/or service activities of his /her hospital, agency or the University.

\_\_\_\_\_  
\_\_\_\_\_

7. Has been called upon to speak at professional society meetings, in continuing professional educational programs and at the other institutions.

\_\_\_\_\_  
\_\_\_\_\_

8. Provides at least 50 hours of academic contribution over a two year period.

\_\_\_\_\_  
\_\_\_\_\_

**Clinical Faculty Appointment, Reappointment & Promotion Committee  
UBC Department of Orthopaedics  
3114 - 910 West 10th Avenue, Vancouver, BC V5Z 4E3  
Phone: (604) 875-4192 Fax: (604) 875-4677**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature