**CLINICAL (MD) FULL TIME LETTER OF SUPPORT**

## Prepared by the Family Physician-In-Chief or Approved DFCM 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 Appointment Application**

Full Name:

Rank:

Category:

FTE%: [please be as specific as possible or use the following: >80%]

Email Address:

CFPC Number:

I am pleased to recommend Dr [Name] to the Department Appointments Committee (DAC) for a clinical full time appointment at the rank of [XXX] in the Department of Family and Community Medicine.

I have known Dr. [Name] for approximately [duration], as [state how you know candidate]. I [have/have not] read Dr. [Name]’s CV.

I can confirm that Dr. [Name] is active hospital staff and enrolled in a conforming practice plan.

**Education:**

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

***Example below:***

Dr [Name] received [his/her/their] MD from the University of Toronto in 1996 and subsequently completed a Family Medicine residency at [Site]. Dr [Name] also completed an Addiction Medicine Fellowship from June 2004 to March 2005.

**Education and/or Research Studies, if applicable:**

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

***Example below:***

Dr [Name] has been involved in a number of education and research studies including a national educational project regarding substance use in pregnancy.

**Academic Involvement:**

***[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:***

Dr [Name] will be involved in teaching our residents and medical students in their Geriatric Rotation at [site]. Dr [Name]’s graduate course work will include teaching and application, specifically to health professions which will directly support his clinical teaching. Dr. [Name] has demonstrated an interest in QI and will be involved in QI initiatives at our site.

**Summary:**

To my knowledge, Dr. [Name] is an ethical, competent physician who would be an appropriate role model for learners.

Please find attached the appropriate documents to support this application. I am confident that Dr [Name] will be a valuable addition to the Department of Family and Community Medicine at the University of Toronto.

Sincerely,

<Chief’s Signature>

Chief’s name, degrees

Title

Department

Applicant’s **business** mailing address:

Name

Department

Hospital

Address, Room #, Floor

City, Province, Postal Code

Applicant’s **resident** mailing address:

Name

Address

City, Province, Postal Code