**UNIVERSITY ADJUNCT LECTURER (NON MD)**

**RE-APPOINTMENT LETTER OF SUPPORT**

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

## Approved DFCM Program Director.

(Include in the non-clinical faculty appointment application)

**Please delete the above text before printing on letterhead**

[Current Date]

Dr. Danielle Martin

Associate 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: University Adjunct Lecturer (non MD) Re-Appointment Application**

Full Name:

Job title:

Re-Appointment Term Length: [1-3 years]

Email Address:

Bus. Telephone:

I am pleased to recommend [Name] to the Department Appointments Committee (DAC) for a University Adjunct Lecturer (non MD) re-appointment in the Department of Family and Community Medicine. [Name] provides specialized expertise and learning that is of ongoing value to the DFCM.

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

**Education:**

***Please provide the DAC with a summary of the candidate’s education.***

**Academic Involvement:**

***Please provide a complete summary.***

***Example below:***

 [Name] will continue to be involved in teaching and supervising in the Counselling Skills Education Program. Their responsibilities include teaching four didactic half day sessions and supervising residents for a 12 week period.

To my knowledge, [Name] is an ethical, competent individual who is an appropriate role model for learners.

**Summary:**

***Please provide the DAC with a closing statement around your support of the application.***

***Example below:***

Please find attached the appropriate documents to support this re-appointment application. I am confident that [Name] will continue to make valuable contributions 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