**NON-BUDGETARY CROSS APPOINTMENT LETTER OF SUPPORT**

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

## Approved DFCM / Program Director/ Division Head

(Include in the cross-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 (MD) Cross-Appointment Application**

Full Name:

Primary Department:

Specialty:

Email Address:

Bus. Telephone:

I am pleased to recommend Dr. **XXX** to the Department Appointments Committee (DAC) for a **non-budgetary cross appointment** in the Department of Family and Community Medicine. The below information outlines the data required for this application.

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

**Current Academic Appointment:**

***Use the above paragraph heading and provide a complete summary of the candidate’s existing academic appointment type, rank, and department.***

 **Academic Activities with the DFCM:**

***Use the above paragraph heading and provide a robust description of what the candidate’s contributions to the DFCM will be. Please provide a complete summary under each of the following categories:***

1. **Teaching:**

***(insert teaching responsibilities as appropriate)***

1. **Education and Program Description, if applicable:**

***(insert education responsibilities as appropriate)***

1. **Research, if applicable:**

***(insert research responsibilities as appropriate)***

1. **Publications, if applicable:**

***(insert publications as appropriate)***

**Summary:**

Please find attached a CV 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 or Program Director’s Name, degrees

Title

Department

*Please ensure full Signature and Academic Title Block is provided*

**Enclosure:**

1. Letter of Support (from Primary Chair/Director)
2. CV

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