

DFCM Continuing Appointment Review (CAR) Application form

Please complete the following information IN FULL:

APPLICANT DETAILS	
FIRST Name:	LAST Name:
Initial appointment date:	Rank:
P Site:	Division (if appl.):
CPSO #:	CCFP #:
Academic Position Description: [clinician teacher, clinician educator, etc...]	
Time Commitment FTE: [>80%]	
Please confirm that you have reviewed the CAR committee list and completed the conflict of interest webform : <input type="radio"/> No conflict to declare <input type="radio"/> I have declared a conflict (details provided on webform)	

To ensure our records are accurate and up-to-date, please complete the following form:

	BUSINESS	HOME
Address 1		
Address 2		
City, Province		
Postal Code		
Telephone/Cell		
Fax		
Primary Email:		

Cover Statement (Mandatory)

Below, please provide a brief highlight/overview of your academic activities since appointment. This could include: outline of teaching (at various levels), curriculum development, research, creative professional activity (CPA), QI, leadership, etc.

CANDIDATE SIGNATURE	
Signature (e-signature acceptable):	Date:
<p><i>Please include this form with your CAR application package. Your Chief/Division Head may want to see this document in order to complete their letter of support.</i></p>	