

STATUS-ONLY (HPE): APPLICATION CHECKLIST

This document is for applicant use only. Not for submission.

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| **Candidate Name:** | | | |
| The following documents are required**:** | | | |
|  | **CHECKLIST** |  | |
| 1 | **Online Application form (with documents attached)** | 🞏 | |
| 2 | **Letter of Support**:  From the Family Physician-In-Chief or approved DFCM Program Director/ Division Head. Please use the Status-Only Letter of Support Template. | 🞏 | |
| 3 | **Letter of Support from Primary Employer**  **\***Should state the candidate's full employment/salary arrangements and their approval of the university appointment.  \*If a **PhD Scientist**, this letter must come from VP of Research at the hospital/institution where the scientist is employed. Must state that the hospital or institution will provide salary and lab facilities for the duration of the academic appointment. | 🞏 | |
| 3 | **CV** | 🞏 | |
| 4 | **Statement of Research or Teaching**  \*Only mandatory for the rank of **Assistant Professor** | 🞏 | |
| 5 | **Position Description Form**  \*Please use Status-Only template  \*Only mandatory for the rank of **Assistant Professor** (optional for the rank of Lecturer) | 🞏 | |
| 6 | **Reference Letters: 2-3 Internal and 2-3 External**  \*Should be solicited by the site, not by the candidate | 🞏 | |
| 6 | **Professional Development Plan**  \*Please use Status-Only template | 🞏 | |
| 7 | **Profile Form** | 🞏 | |
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| **All documents should be submitted to your site coordinator** | | | |
| **Health Professional Leads:**  Serena Beber, [serena.beber@utoronto.ca](mailto:serena.beber@utoronto.ca)  [HPE.familymed@utoronto.ca](mailto:HPE.familymed@utoronto.ca) | | |
| Questions? Email Holly Downey, DFCM Academic Appointments Administrator  dfcm.facultyappt@utoronto.caor byphone: 416-978-7550 | | | |

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