CLINICAL PART-TIME (MD)

Application Checklist

This document is for site/program administrator use only. Not for submission.

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| **Candidate Name:** | | |
| The following documents are required**:** | | |
| 1 | **Online Application form (with documents attached):** <https://documents.medicine.utoronto.ca/Forms/clinical> |  |
| 2 | **Letter(s) of Support**:  From the Site Head or approved Program Director. If applying through a division, a letter of support from the relevant Division Head is also required. Please contact the Divisions Administrator for specific instructions.  If the Site/Division Head or Program Director have known the candidate for less than one year, there should be an additional letter of support from a healthcare professional colleague who can accurately speak to the applicant's character and work ethic, and has known the candidate for one year or more. Please reference the [Part-time Letter of Support Template](https://utoronto-my.sharepoint.com/personal/madie_morassutti_mail_utoronto_ca/Documents/Academic%20Appointments/Site%20Support/Faculty%20Appointment%20&%20Promotions%20Forms_Dec2024/Appointments/Letters%20of%20Support/Appts%20-%20LOS%20Template%20(MD)%20Part-Time%20-%20NEW%20Sept%202024.docx). |  |
| 3 | **CV** ([UofT format](https://dfcm.utoronto.ca/sites/default/files/FOM_WEBCV_Template_May_2013.doc) is encouraged) |  |
| 4 | **Certificate of Professional Conduct** |  |
| 5 | **Academic Position Description**  \*Please use the [part-time academic position description template](https://utoronto-my.sharepoint.com/personal/madie_morassutti_mail_utoronto_ca/Documents/Academic%20Appointments/Site%20Support/Faculty%20Appointment%20&%20Promotions%20Forms_Dec2024/Appointments/APDs/APD%20-%20Part%20Time%20-%20FINAL.docx).  \*Part-Time appointments for active staff at a TAHSN site may only be accepted with an accompanying [**Letter of Exemption**](https://dfcm.utoronto.ca/sites/default/files/letter_of_exemption_tahsn_-_oct_2021.doc) specifically outlining reasoning for part-time status. |  |
| 6 | **Profile Form** |  |
| **Combine the items above into a single PDF document**  using the following naming conventions: **“LastName\_FirstName\_PT\_MonthYear.pdf”** | | |
| **Questions? Email:** [**dfcm.facultyappt@utoronto.ca**](mailto:dfcm.facultyappt@utoronto.ca) | | |

Edited: September 2024