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| **Faculty Appointment Profile Form**  **Department of Family and Community Medicine** |

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| **Submitting an academic appointment application for:** | | | | | |
| Clinical (MD) Adjunct | Clinical (MD) Part Time | Clinical (MD) Full Time | Academic  Junior Promotion | Status-Only  (Non-MD) | University Adjunct (Non-MD) |

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| Last Name:  Click or tap here to enter text. | First Name:  Click or tap here to enter text. | Middle Name:  Click or tap here to enter text. |

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| Primary Email Address: | Enter the email address you check regularly. |

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| D.O.B.: | Click or tap to enter a date. |
| Gender: | Female  Male  Another |
| CFPC #: | Click or tap here to enter the #. |

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| Have you ever worked for or held an academic faculty appointment with University of Toronto? (eg. TA, faculty with another department?) | Yes  No |
| If yes, in which department/faculty: Click or tap here to enter text. | |
| Have you received salaried remuneration from the University of Toronto? | Yes  No |

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| **Address – PRIMARY CLINICAL PRACTICE SITE** | | | |
| Hospital/Site: | Enter your business mailing hospital/site/clinic. | | |
| Division  (if applicable): | Enter your business mailing division. | | |
| Address: | Enter your business mailing address. | | |
| Address: | Enter your business mailing address. | | |
| City/Province: | Enter your business mailing city/province. | | |
| Postal Code: | Enter your business mailing postal code. | | |
| Telephone: | XXX-XXX-XXXX. Ext.: XXXXX. | Fax: | XXX-XXX-XXXX. |
| **Address - HOME** | | | |
| Address: | Enter your resident mailing address. | | |
| Address: | Enter your resident mailing address. | | |
| City/Province: | Enter your resident mailing city/province. | | |
| Postal Code: | Enter your resident mailing postal code. | | |
| Telephone: | XXX-XXX-XXXX. | Cell: | XXX-XXX-XXXX. |

Form revised: March 1.2025