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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 | [ ]  AcademicJunior 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