

SAMPLE

(Adjunct & Part-time Clinical Faculty 2014-15 Renewal Cycle)



UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

ACTIVITY REPORT

Faculty Re-Appointment

Personal Data

Appointment ID * (?) This can be found in the notification email you received.

Format: an 11 digit number with no spaces.

Last Name * (?) Family Name or Surname exactly as written in the notification email

Your Email Address * This email address will be used to send confirmation that the activity report has been submitted. You may use an email address of your choice for this purpose.

Professional Conduct *

Your clinical activities fall under the jurisdiction of any relevant site(s) in which you practice and the jurisdiction of the College of Physicians and Surgeons of Ontario (CPSO). You are required to report to your University Department Chair any information, both historical and current, relevant to your clinical academic appointment including, but not limited to: investigation and/or conviction of a criminal offence, investigation and/or finding of guilt of academic misconduct, incompetence, negligence or any form of professional misconduct by a court or the CPSO's Discipline Committee or Fitness to Practice Committee (or its equivalent in any jurisdiction).

In the past academic year, have you been the subject of any investigation, finding and/or conviction as outlined above?

Yes No

Location of Academic Activities * Where do you engage in the majority of your academic activities?

If you select 'Affiliated Hospital or Clinic' you will be presented with an additional question asking you to select a site from an approved list.

Affiliated Hospital or Clinic

Private Practice

Other

Teaching (Click to Expand)

a) Undergraduate MD Program * Have you acted in a teaching role for the University, in the Undergraduate MD Program (UME), this past academic year?

Yes No

Pre-Clerkship Teaching * Did your teaching activities for the University this past academic year include teaching in pre-clerkship courses?

Yes No

Clinical Rotation Teaching * Did your teaching activities for the University this past academic year include teaching during clerkship clinical rotations?

Yes No

b) PGME Program * Have you taught or supervised residents in the Postgraduate Medical Education Program for the University this past academic year?

Yes No

c) Other Programs * Not including continuing education courses (see below), have you taught or supervised students in other programs this past academic year?

Yes No

Other Program Levels * If so, please check the program levels that apply.

- Diploma Program (e.g. PA, MedRadSci)
- Undergraduate Degree Program
- Masters Degree Program
- PhD Program
- Postdoctoral Program
- Clinical Fellowship

Other Program Description * Please indicate the name of the course(s) or program(s). (maximum 300 characters)

d) Continuing Education * Have you acted in a teaching role in Continuing Education programs this past academic year?

Yes No

Continuing Education Description * Please indicate the name of the course(s) or program(s). (maximum 200 characters)

Research (Click to Expand)

Research Activities * Have you been involved in any research activities this past academic year?

Yes No

Ethics Board Approval * Does your research have ethics board approval?

Yes No

Ethics Board Type * Which ethics board granted this approval?

Hospital University Other

Creative Professional Activity (Click to Expand)

Creative Professional Activities * Have you engaged in any creative professional activities (CPA) for the University this past academic year?

CPA may include professional or creative innovations and/or contributions to the development of professional practice. Examples include, but are not limited to, the development of an invention, new technique, educational program, guideline, health policy, government policy, communications media, etc., and may be targeted at various audiences from the lay public to health care professionals.

Yes No

CPA Description * Please summarize your professional creative activities this past academic year. (maximum 300 characters)

Administrative Activity (Click to Expand)

Administrative Functions * Have you been involved in any administrative functions for the University this past academic year?

Yes No

Administrative Description * Please summarize your administrative activities for the University this past academic year. (maximum 300 characters)

Future Academic Activity (Click to Expand)

Future Academic Activity What, if any, academic activities would you like to become more involved in? (maximum 200 characters)

Appointment Renewal Agreement (Click to Expand)

CPSO Registration Number * By entering your CPSO number here and clicking **I Agree, Submit** below, you hereby agree to the terms and conditions required for a part-time faculty appointment.