

APPLICATION/INSTRUCTIONS FOR PROMOTION CLINICAL SCIENCES DIVISION

Dear Applicant:

Please send your **letter** of application for promotion including the following materials to the address indicated below. The promotion application deadline is September 30th for promotions the following July 1st.

Your promotion application <u>should</u> highlight your contributions made in the last five years / since appointment or last promotion in the following areas: Teaching and Assessment of Teaching, Clinical Competence, Administration, Research and Scholarly Activity.

An application for promotion should include the following materials:

- Updated curriculum vitae
- Academic Contributions Dossier (available on website at www.nosm.ca)
- Itemized list of academic administrative service
- Copies of recent learner evaluations within the last five years, or since appointment or last promotion
- Copy of the research/creative works that you wish to have considered in the application for promotion. Please ensure to cite your rank and NOSM affiliation on publications

For Promotion to Assistant or Associate Professor

Please provide a minimum of three references. References must be members of the NOSM Clinical Sciences Division. (Complete form below)

• For promotion to Professor

Please provide a minimum of four external references Two references must be from outside the host universities (Laurentian/Lakehead University) and are qualified to assess your research and creative works. (Complete form below)

Notice of Collection

The Northern Ontario School of Medicine (NOSM), as the Faculty of Medicine for Laurentian University and Lakehead University, collects personal information for the purpose of faculty and program evaluation at NOSM including faculty appointment, renewal, promotion, committee work, and program improvement etc. In addition, information may be shared with Lakehead University and Laurentian University as required to administer learner programs. We respect your privacy and at all times your information will be protected in accordance with the *Freedom of information and Protection of Privacy Act.* Direct any questions regarding this collection to the Planning and Risk Director, Grace Vita at (807)766.7396, 955 Oliver Road, Thunder Bay, Ontario, or grace.vita@nosm.ca.

Please submit your completed promotion application package to:

Northern Ontario School of Medicine Attention: Clinical Sciences Division 955 Oliver Road, Thunder Bay, ON P7B 5E1 Fax: 705.662.7265

Email: divclinsci@nosm.ca



APPLICATION FOR PROMOTION CLINICAL SCIENCES DIVISION REFERENCE FORM

If you are applying for rank of Assistant or Associate Professor, please provide **a minimum of three references** who are members of the NOSM Clinical Sciences Division. A NOSM Section Chair or Division Head, Clinical Sciences will request written assessments of your promotion application. Your NOSM Section Chair and NOSM Division Head, Clinical Sciences cannot be references, nor the members of the NOSM Joint & Stipendiary Faculty Promotions Committee. These references will be forwarded a copy of your curriculum vitae to assist them in preparing your reference. To view the list of NOSM Section Chairs, please **click here**

If you are applying for the rank of Professor, please provide a minimum of four *external references. Two references must be from outside the host universities (Laurentian or Lakehead University) who are qualified to assess your research and creative works. An external referee cannot be a NOSM faculty member; the applicant's Masters, Ph.D., or postdoctoral supervisor; or, a research collaborator. Faculty members from the host universities, Lakehead or Laurentian, are allowed, as are employment supervisors who meet the criteria stated above. These external references will be forwarded a complete copy of your promotion application to assist them in preparing your reference.

*External references: Defined to having the expertise to enable a critical evaluation of the candidate, and be at arm's length with respect to the candidate.

1.	Name:
	Relation to you:
2.	Mailing Address Street:
	City, Province:
	Postal code:
	Phone Number:
	Email address:
	Name:
	Relation to you:
	Mailing Address Street:
	City, Province:
	Postal code:
	Phone Number:
	Email address:

3. Name:
Relation to you:
Mailing Address Street:
City, Province:
Postal code:
Phone Number:
Email address:
4. Name:
Relation to you:
Mailing Address Street:
City, Province:

Postal code:

Phone Number:

Email address:

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