

NORTHERN ONTARIO SCHOOL OF MEDICINE

Divisions of Medical/Human Sciences

APPOINTMENT AND REAPPOINTMENT FORM

- If you are applying for an **initial faculty appointment**, you must include a covering letter, current curriculum vitae, the completed Teaching Opportunities Form, this completed form and the names of three references.
- If you are applying for a **Human Sciences faculty reappointment**, you must include in your covering letter, a detailed listing of your contributions to the School during the period of your appointment an updated curriculum vitae and this completed form. You must also have filed annual reports for the duration of your preceding appointment.
- If you are applying for a **Medical Sciences faculty reappointment**, include a covering letter, an updated curriculum vitae, and this completed form.

DIVISION APPLYING FOR:

Medical Sciences

Please submit documentation to:
Elizabeth Aho
Administrative Assistant
Medical Sciences Division
935 Ramsey Lake Road
Sudbury, ON, P3E 2C6

Or by email eaho@nosm.ca

Human Sciences

Please submit documentation to:
Pamela Lemieux
Administrative Assistant
Human Sciences Division
935 Ramsey Lake Road
Sudbury, ON, P3E 2C6

Or by email plemieux@nosm.ca

POSITION APPLYING FOR:

Research Associate

Stipendiary Appointment

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NOSM CONTACT INFORMATION FORM

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.

Current Information
Title: Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Given Name(s):
Middle Name(s):
Surname:
Date of Birth:
NOSM's Social Accountability Mandate aims to address the specific health concerns of our communities. Persons may choose to identify themselves using the fields below. This is a voluntary declaration.
Are you Francophone? Do you speak French? <input type="checkbox"/> Other (please specify) <input type="checkbox"/>
Are you able to instruct in French? <input type="checkbox"/>
Indigenous Ancestry: <input type="checkbox"/>
Indigenous Self-Identification:
Inuit <input type="checkbox"/> Metis <input type="checkbox"/> First Nation Status <input type="checkbox"/> First Nation Non-Status <input type="checkbox"/>
Affiliated association/community:
Please state the Indigenous Language(s) which you speak fluently:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>
Educational Background and Current Employment History
Highest Degree:
Year Obtained and University:
Rank:
Employer:
Position:



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Current Mailing Addresses (Please check preferred)		Preferred
Home:		<input type="checkbox"/>
Business:		<input type="checkbox"/>
Home Phone:		<input type="checkbox"/>
Business Phone:	Ext #:	<input type="checkbox"/>
Cell:		<input type="checkbox"/>
Fax Number:		<input type="checkbox"/>
Personal Email:		<input type="checkbox"/>
NOSM Email:		<input type="checkbox"/>
Contact will be by preferred email unless extenuating circumstances apply.		

Signature: _____ Date: _____



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REFERENCES

Please indicate below your **3** references.

If you currently hold an academic appointment with rank at another institution, one of your references **should** be from your direct supervisor, Department Chair, Director or Dean from that institution.

1. Name: _____
Title/position and reporting relationship: _____
Organization: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____

2. Name: _____
Title/position and reporting relationship: _____
Organization: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____

3. Name: _____
Title/position and reporting relationship: _____
Organization: _____
Mailing Address: _____
Phone Number: _____
Email Address: _____



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TEACHING OPPORTUNITIES FORM

Are you willing to:	YES	NO
Facilitate Case Based Learning Sessions		
Facilitate Topic Oriented Sessions		
Deliver a Whole Group Session		
Deliver a Divisional Seminar		
Supervise Summer Medical Students		
Represent the Division on NOSM Committees (e.g. Website, Theme, etc.)		
Collaborate with NOSM Faculty Members on Research		
Assist with Curriculum Development, Revision and Assessment		
Supervise Medical Residents undertaking Research		
Participate in Postgraduate Teaching or Research		
Supervise Undergraduate Medical Students conducting Research		
Teach CEPD Sessions		