**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 □ Human Sciences

Please submit documentation to: Please submit documentation to:

Pam Lemieux Kirsten Hysert

Administrative Assistant Administrative Assistant

Medical Sciences Division Human Sciences Division

935 Ramsey Lake Road 935 Ramsey Lake Road Sudbury, ON, P3E 2C6 Sudbury, ON, P3E 2C6

Or by email [plemieux@nosm.ca](mailto:plemieux@nosm.ca) Or by email [khysert@nosm.ca](mailto:khysert@nosm.ca)

**Position Applying for:**

* Research Associate □ Stipendiary Appointment

**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](mailto:grace.vita@nosm.ca).

|  |  |
| --- | --- |
| **Current Information** |  |
| **Title:** Dr. **** Mr. **** Mrs. **** Ms. **** | |
| **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?  Other (please specify)  | |
| Are you able to instruct in French?  | |
| Indigenous Ancestry:  | |
| Indigenous Self-Identification: | |
| Inuit  Metis  First Nation Status ****  First Nation Non-Status **** | |
| Affiliated association/community: | |
| Please state the Indigenous Language(s) which you speak fluently: | |
| Gender: Male  Female  X  | |
| **Educational Background and Current Employment History** | |
| **Highest Degree:** | |
| **Year Obtained and University:** | |
| **Rank:** | |
| **Employer:** | |
| **Position:** | |

|  |  |  |
| --- | --- | --- |
| **Current Mailing Addresses (Please check preferred)** | | **Preferred** |
| **Home:** | |  |
| **Business:** | |  |
| **Home Phone:** | |  |
| **Business Phone:** | **Ext #:** |  |
| **Cell:** | |  |
| **Fax Number:** | |  |
| **Personal Email:** | |  |
| **NOSM Email:** | |  |
| **Contact will be by preferred email unless extenuating circumstances apply.** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**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:

1. Name:

Title/position and reporting relationship:

Organization:

Mailing Address:

Phone Number:

Email Address:

1. Name:

Title/position and reporting relationship:

Organization:

Mailing Address:

Phone Number:

Email Address:

**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 |  |  |