



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
ᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃᐃ
L'Université Laurentienne

Dear Clinical Sciences Faculty Member,

Welcome to the Northern Ontario School of Medicine's (NOSM) Clinical Sciences Division!

Included in this package are the following items which still require you to complete and return:

- Direct deposit form (to be returned to NOSM Finance Dept accountspayable@nosm.ca)
- Declaration and consent form (to be returned to NOAMA at noama@noama.ca)
- Involvement questionnaire (to be returned to divclinsci@nosm.ca)

1. Direct Deposit Information

Enclosed are two different direct deposit forms: personal and corporate. To ensure appropriate remuneration for your teaching, please fill in one or both of these forms and return them to our finance department as indicated on the bottom of the form. **Please note, we are unable to remunerate you until we receive your completed direct deposit form.** Should you have any questions regarding whether or not a direct deposit form has already been submitted, please contact NOSM finance department at accountspayable@nosm.ca.

***Please note, remittance notices are done via email only. Should you wish to receive notice, you must include your email address on the form(s) where indicated.*

2. NOAMA Declaration and Consent Forms

Funding to the Northern Ontario School of Medicine Physician Clinical Faculty is made in accordance with the Academic Funding Plan Agreement. Additional details regarding the funding arrangement can be found on the Northern Ontario Academic Medicine Association ([NOAMA](http://noama.ca)) website. In order to participate in the Academic Funding Plan, a physician must hold a faculty appointment at NOSM **AND** submit a signed declaration and consent form to NOAMA at noama@noama.ca. For your convenience, we have included these forms for your review and completion. Please note, there are non-incorporated and incorporated consent forms. Please complete only one of these forms and return it directly to NOAMA following the directions outlined at the bottom of the form.

PLEASE READ CAREFULLY: Signing the D&C form is **essential** in order to be paid the top up funds for teaching and other educational activities, as well as being able to apply for research funding. **Failure to submit this form will result in you NOT receiving NOAMA funding.**

3. Preferences in Educational Involvement

To facilitate your involvement with the School, we have created an Involvement Questionnaire and guide to completion of this questionnaire. The questionnaire is aimed at capturing your preferences and interests which will be used by the NOSM Schedulers. We would ask that you complete and return the enclosed questionnaire using the directions outlined therein.

4. NOSM Orientation Manual

This package highlights information that may be useful to you as a new Faculty Member. We would also direct you to the [NOSM Faculty Handbook](#) found on the NOSM website. This Handbook contains important information that will be of interest to you as a new Faculty Member.

Should you have any questions or concerns, please contact:

Faculty Affairs, Clinical Sciences Division
Northern Ontario School of Medicine
955 Oliver Road, Thunder Bay, ON, P7B 5E1
Direct Phone: 807-766-7416
E: divclinsci@nosm.ca



PERSONAL DIRECT DEPOSIT INFORMATION

Internal Use Only

PERSONAL INFORMATION

PREFIX _____ FIRST NAME, MIDDLE NAME _____ SURNAME _____ TITLE/POSITION _____
_____-_____-_____- / ____-____-_____- / ____-____-_____-
SOCIAL INSURANCE NUMBER DATE OF BIRTH (YYYY/MM/DD)

CONTACT INFORMATION

(____)____-____-____- (____)____-____-____- (____)____-____-____-
HOME PHONE WORK PHONE CELL PHONE

ADDRESS 1

ADDRESS 2

NOTE: If listing two addresses, please identify a default as all NOSM Communication will be sent to this address.

This is my default address

This is my default address

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

PROVINCE _____ POSTAL CODE _____ COUNTRY _____

PROVINCE _____ POSTAL CODE _____ COUNTRY _____

Please indicate Address Type:

Please indicate Address Type:

Home Business Temporary or Placement

Home Business Temporary or Placement

BANKING INFORMATION

Please indicate account type: Chequing
 Savings

Note: Personal line of credit not accepted

**To ensure the accuracy of your account information a VOID CHEQUE
(or Bank Verification Form) must be attached.**

I consent to have this information used by Human Resources for payroll purposes, if applicable.

REMITTANCE INFORMATION

Please indicate how you would prefer to receive your payment details: **(Please check one)**

E-MAIL ADDRESS: _____
 NO REMITTANCE ADVICE NECESSARY

SIGNATURE APPROVAL

SIGNATURE _____ DATE _____

Please return completed
direct deposit form to:

Northern Ontario School of Medicine – Finance Unit
955 Oliver Road, Balmoral Street Centre, Thunder Bay, ON P7B 5E1
Fax: (807) 766-7352 Email: accountspayable@nosm.ca

Revised Sept 2011



CORPORATE DIRECT DEPOSIT INFORMATION

Internal Use Only

COMPANY INFORMATION

COMPANY NAME		15 DIGIT BUSINESS NUMBER	
DO YOU HAVE A FACULTY APPOINTMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU REGISTERED FOR HST? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADDRESS 1	ADDRESS 2
-----------	-----------

NOTE: If listing two addresses, please identify a default as all NOSM Communication will be sent to this address.

<input type="checkbox"/> Default Address ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____ COUNTRY _____ Please indicate Address Type: <input type="checkbox"/> Head Office <input type="checkbox"/> Branch/Site/Division Office () - - - PHONE () - - - FAX	<input type="checkbox"/> Default Address ADDRESS _____ CITY _____ PROV _____ POSTAL CODE _____ COUNTRY _____ Please indicate Address Type: <input type="checkbox"/> Head Office <input type="checkbox"/> Branch/Site/Division Office () - - - PHONE () - - - FAX
--	--

BANKING INFORMATION

To ensure the accuracy of your account information a VOID CHEQUE (or Bank Verification Form) must be attached.

REMITTANCE INFORMATION

Please indicate preference for receiving your payment details: **(Please check one)**

E-MAIL ADDRESS: _____

NO REMITTANCE ADVICE NECESSARY

SIGNATURE APPROVAL

SIGNATURE _____	DATE _____
-----------------	------------

Please return completed direct deposit form to:	Northern Ontario School of Medicine – Finance Unit 955 Oliver Road, Balmoral Street Centre, Thunder Bay, ON P7B 5E1 Fax: (807) 766-7352 Email: accountspayable@nosm.ca
--	---

Protection of Personal Information: The Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the Freedom of Information and Protection of the Privacy Act. Personal information collected is used by the School for the purposes of executing various functions and activities related to Administration processes. Users of this information are the Finance Unit of the Office of the Associate Dean, Administration. Please direct any questions about this collection to the Director of Finance, Northern Ontario School of Medicine, 955 Oliver Road, Thunder Bay, Ontario, P7B 5E1, Telephone: (807) 766-7307.

Declaration and Consent for Natural Persons as Group Physicians

- To: Ministry of Health and Long-Term Care (the “Ministry”)**
- And To: Physician Clinical Teachers’ Association (the “Physician Organization”)**
- And To: Northern Teaching Hospitals Council (the “Hospital Organization”)**
- And To: Northern Ontario School of Medicine (“NOSM”)**
- And To: Ontario Medical Association (the “OMA”)**

1. I am a Group Physician as that term is defined in the agreement entered into among the Physician Organization, the Hospital Organization, NOSM (collectively referred to as the “**Governance Organization**”), the Ministry and the OMA effective as of the 1st day of April, 2016, including all appendices and any amendments to the agreement (the “**Agreement**”).
2. Capitalized terms used, but not defined, in this Declaration and Consent have the same meanings as those terms have in the Agreement.
3. I have read and understand the Agreement.
4. I authorize the lead physician for the Physician Organization, as may be specified from time to time in Appendix “G” of the Agreement (or as may be designated in writing to all Parties in accordance with the Agreement), to sign the Agreement on my behalf.
5. In consideration of the remuneration I will receive from the Governance Organization:
 - (a) I shall continue to be a Group Physician for as long as I provide Clinical Services and Academic Activities;
 - (b) as a Group Physician, I am a member of the Physician Organization, and shall continue to be a member of the Physician Organization for as long as I provide Clinical Services and Academic Activities, and agree that the obligations of the Physician Organization under the Agreement are the obligations of the Group Physicians collectively;
 - (c) I shall be bound by the terms and conditions of the Agreement as a Group Physician; and
 - (d) I authorize the Ministry to disclose to the OMA my name and the fact that I am a Group Physician under the Agreement.

6. I agree that section 5(d) of this Declaration and Consent shall survive the termination of the Agreement.

Date: _____

Name of physician: _____

Signature of physician: _____

Name of witness: _____

Signature of witness: _____

OHIP Number
(billing number): _____

College Registration Number: _____

Declaration and Consent for Medicine Professional Corporations as Group Physicians

- To: Ministry of Health and Long-Term Care (the “Ministry”)**
- And To: Physician Clinical Teachers’ Association (the “Physician Organization”)**
- And To: Northern Teaching Hospitals Council (the “Hospital Organization”)**
- And To: Northern Ontario School of Medicine (“NOSM”)**
- And To: Ontario Medical Association (the “OMA”)**

1. _____ **[Enter name of Medicine Professional Corporation]** (the “MPC”) is a Group Physician as that term is defined in the agreement entered into among the Physician Organization, the Hospital Organization, NOSM (collectively referred to as the “**Governance Organization**”), the Ministry and the OMA effective as of the 1st day of April, 2016, including all appendices and any amendments to the agreement (the “**Agreement**”).
2. Capitalized terms used, but not defined, in this Declaration and Consent have the same meanings as those terms have in the Agreement.
3. On behalf of and with the authority of the MPC, I declare that:
 - (a) The MPC has read and understands the Agreement;
 - (b) The MPC is duly incorporated and validly subsisting pursuant to the laws of Ontario;
 - (c) The MPC has full power and authority to enter into the Agreement and to observe, perform and comply with the terms and conditions of the Agreement, and all necessary action has been taken in order to enter into and authorize the Agreement;
 - (d) The MPC holds, and shall continue to hold for as long as it provides Academic Activities, all registrations and certificates necessary to carry on business in Ontario and to perform its obligations under the Agreement; and
 - (e) The MPC authorizes the lead physician for the Physician Organization, as may be specified from time to time in Appendix “G” of the Agreement (or as may be designated in writing to all Parties in accordance with the Agreement), to sign the Agreement on behalf of the MPC.
4. In consideration of the remuneration the MPC will receive from the Governance Organization:

- (a) the MPC shall continue to be a Group Physician for as long as it provides Clinical Services and Academic Activities;
 - (b) as a Group Physician, the MPC is a member of the Physician Organization and shall continue to be a member of the Physician Organization for as long as it provides Clinical Services and Academic Activities, and agrees that the obligations of the Physician Organization under the Agreement are the obligations of the Group Physicians collectively;
 - (c) the MPC shall be bound by the terms and conditions of the Agreement as a Group Physician, and acknowledges that any reference in the Agreement to an appointment, membership, privilege, qualification, obligation, activity, service or right of the Group Physician that cannot be held or performed by a corporation, shall be understood to refer to the Designated Physician in her or his capacity as the agent of the MPC; and
 - (d) the MPC authorizes the Ministry to disclose to the OMA the name of the MPC and the fact that the MPC is a Group Physician under the Agreement.
5. The MPC agrees that section 4(d) of this Declaration and Consent shall survive the termination of the Agreement.

Name of Medicine Professional Corporation

Name and Title of Authorized Signing Officer

Signature of Authorized Signing Officer

Date

I, the undersigned Designated Physician, of _____ **[enter name of Medicine Professional Corporation]** agree to be bound by the terms and conditions of the Agreement as a Designated Physician.

Date:

Name of physician:

Signature of physician:

Name of witness:

Signature of witness:

OHIP Number
(billing number):

College Registration Number:

PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE NORTHERN ONTARIO SCHOOL OF MEDICINE



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
ᑭᑦᑎᑦᑎᑦᑎᑦ ᑎᑦᑎᑦᑎᑦᑎᑦ
L'ᑎᑦᑎᑦᑎᑦ ᑎᑦᑎᑦᑎᑦᑎᑦ

CLINICAL SCIENCES INVOLVEMENT QUESTIONNAIRE

The Northern Ontario School of Medicine's Office of Faculty Affairs would like to identify your preferences and interests in **clinical** and **academic teaching**. Please review and complete the following questionnaire. For your convenience, please find enclosed a package describing the various acronyms, sessions and modules. Should you have any questions, please call our toll free number at **1-877-678-7358**.

NAME:

CLINICAL TEACHING OPPORTUNITIES

In order to best schedule learners across Northern Ontario and to provide clinical teachers with the appropriate type and number of learners, the scheduling team needs to have accurate data in order to make the appropriate rotation requests. The scheduling team will make an effort to distribute clinical teaching requests in a fair and equitable manner. An important concept in this is to ensure that all faculty members experience a variety of learner types and year levels. We really appreciate the time you take out of your busy day to complete this survey to help us improve education at NOSM. Thank you!

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

For which discipline(s) are you willing to provide clinical teaching:

Discipline 1:

Discipline 2:

Discipline 3:

Discipline 4:

Please check off all the types of learners to whom you are willing to provide clinical teaching.

Learner Type	Any Year	Year 1	Year 2	Year 3	Year 4	Year 5
Any/All learner types						
Postgraduate Education						
Undergraduate Education		-	-			-
Physician Assistant Program		-		-	-	-
Dietitian Learner			--	--	--	--
Physiotherapy Learner				--	--	--
Occupational Therapy Learner				--	--	--
Speech Language Pathology Learner				--	--	--
Audiology Learner				--	--	--

How many learners of each type do you have the capacity to take at one time?

Postgraduate	
Undergraduate	
Physician Assistant	
Dietitian	
Rehabilitation	
Total Capacity per Block	
Total Capacity per Year	

Variations or exceptions related to learner capacity:

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

POSTGRADUATE MEDICAL EDUCATION SESSIONS

Postgraduate residency programs: Anesthesiology, General Surgery, Orthopedic Surgery, Pediatrics, Public Health and Preventive Medicine, Psychiatry, Internal Medicine, Family Medicine, FM PGY3-Emergency Medicine, FM PGY3–care of the Elderly, FM PGY3-Enhanced Skills, FM PGY3-Family Practice Anesthesia.

Please refer to the enclosed package for all acronym, session and module descriptions.

Type of Educational Involvement	Royal College Programs	Sub-specialty	Family Medicine Program	Area of Expertise
Academics Facilitator/Speaker				
Curriculum Development				
Simulated Office Orals (SOO) Facilitator				
Short Answer Management Problems (SAMPs) Facilitator				
Research Skill Development Resource Person				
Research Facilitator				
Evidence Based Medicine Facilitator				
Clinical Academic Facilitator				
Procedures and/or Simulation Facilitator				
OSCE Case Development (Please provide possible area)				
OSCE Facilitator				
CanMEDS Session Facilitator				
Remediation Coach				
Resident Advisor				
CaRMS Dossier Reviewer				
CaRMS Community Representative				
Competency Coach/Primary Preceptor				

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

ACADEMIC TEACHING OPPORTUNITIES

In order to best match academic teachers with the appropriate module and session type, the scheduling team needs to have accurate data in order to offer the appropriate teaching requests. The scheduling team will make an effort to distribute teaching requests in a fair and equitable manner. An important concept in this is to ensure that all faculty members experience variety of teaching opportunities. We really appreciate the time you take out of your busy day to complete this survey to help us improve education at NOSM. Thank you!

UNDERGRADUATE MEDICAL EDUCATION – Type of Academic Involvement

Module											
ON CAMPUS SESSIONS	101	102	103	104	105	106	107	108	109	110	111
Case Based Learning (CBL) Facilitator											
Topic Oriented Session (TOS) Facilitator											
Structured Clinical Skills (SCS) Tutor											
Whole Group Session (WGS) Lecturer											
Lab Session Tutor											
Community Learning Session (CLS)	--					--		--		--	

UNDERGRADUATE MEDICAL EDUCATION – Type of Academic Involvement

There are currently three mandatory six-week Integrated Community Experiences (ICE) modules in Phase 1. They are CBM 106 ICE (Aboriginal immersion experience) in Year 1 and CBM 108 and CBM 110 (rural/remote immersion experience) in Year 2. ***See page 6 of description package** Learners spend four of the six weeks in these communities.

ICE Modules			
OFF CAMPUS SESSIONS	ICE 106	ICE 108	ICE 110
Case Based Learning (CBL) Facilitator - ICE (via t/c in community)			
Topic Oriented Session (TOS) Facilitator - ICE (via t/c in community)			
Distributed Tutorial Session (DTS) Facilitator (via t/c in community)			
Community Learning Session (CLS) - ICE Communities			

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

UNDERGRADUATE MEDICAL EDUCATION

Other types of Academic Educational Involvement	Yes	Additional Information if required
Curriculum Development		
Observed Structured Clinical Examinations Facilitator (OSCE on Campus)		
Emergency Contact List (i.e., willing to be called for teaching when cancellations occur and/or can be available on campus on short notice). If yes, please indicate when you are available.		
Academic Remediation (on campus – i.e., student is currently not meeting the criteria for promotion into the subsequent academic year – Phase 1, years 1 or 2)		
Academic Remediation (Phase 2, Year 3)		
Academic Remediation (Phase 3, Year 4)		
Virtual Academic Rounds Facilitator (Phase 2, Year 3) If yes, please state community		
Journal Club Facilitator (Phase 3, Year 4) Thunder Bay and Sudbury		
Academic Session Facilitator (Phase 3, Year 4)		
LMCC Exam Preparation (Phase 3, Year 4)		
Advisor to medical students (discuss your medical specialty and career opportunities with students, either 1:1, in small groups, or large groups)		

PHYSICIAN ASSISTANT PROFESSIONAL DEGREE PROGRAM (BSCPA)

Type of Academic Involvement	Yes	Comments
Curriculum Development (Please provide possible area)		
OSCE Case Development (please provide possible area)		
Remediation (for learners that are currently not meeting the criteria for either the academic or clinical year)		

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

NORTHERN ONTARIO DIETETIC INTERNSHIP PROGRAM (NODIP)

Built into the internship practicum, dietetic interns are required to attend and participate in bimonthly academic sessions. The class is instructed as a whole by faculty of the school or experienced clinicians. The two-three hour sessions are typically delivered as distributed video conferences across a minimum of four sites. Power Point presentations, case studies and prior reading requirements are available to the dietetic interns through the on-line curriculum. There are a variety of opportunities that exist for NOSM faculty to teach/facilitate in the NODIP.

Type of Academic Educational Involvement	Yes	Comments
RDW Instructor		
PFS Instructor		
SES Instructor		
Research Advisor		
Curriculum Development (please provide possible area)		
NODIP Committees		

RESEARCH

**Would you be interested in collaborating with other NOSM faculty in your research area (s) of interest?
Please list your top three research areas of interest.**

Yes No 1. 2. 3.

If you answered yes to the previous question, may we share your research areas of interest with other faculty who may be interested in collaborating with you?

Yes No

Do you have any experience supervising graduate students?

Yes No

If you answered yes to the previous question, are you interested in supervising a graduate student's or undergraduate learner's research project?

Yes No

Are you interested in being a faculty research mentor?

Yes No

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

FACULTY MENTORSHIP

Faculty mentoring is a multifaceted collaboration between a senior faculty member and a junior faculty member with the primary goal of nurturing the professional development of the junior faculty member.

Would you be interested in being a faculty mentor?

Yes No

COMMITTEES IN THE UNDERGRADUATE MEDICAL EDUCATION PROGRAM

(Available to all Faculty types)

	Yes
Undergraduate Medical Education Committee	
Theme 1 – Northern and Rural Health	
Theme 2 – Personal and Professional Aspects of Medical Practice	
Theme 3 – Social and Population Health	
Theme 4 – Foundations of Medicine	
Theme 5 – Clinical and Communication Skills in Health Care	
Phase 1 Committee	
Phase 2 Committee	
Phase 3 Committee	
Student Assessment and Promotions Committee (SAPC)	
Laboratory Working Group	
OSCE Committee (Opportunities for Clinical Faculty)	
ICE Committee	
Program Evaluation Committee (PEC)	
Other curriculum committees or working groups	

**PREFERENCES IN EDUCATIONAL INVOLVEMENT FOR THE
NORTHERN ONTARIO SCHOOL OF MEDICINE**

COMMUNITY ENGAGEMENT COMMITTEE OPPORTUNITIES

The following are committee opportunities that are available with the Community Engagement Portfolio.

Yes	
Admissions Committee	
Francophone Reference Group / Groupe consultatif francophone	
Indigenous Reference Group	

ADDITIONAL NOTES IF NEEDED:

NOTICE OF COLLECTION

Please be advised that the Northern Ontario School of Medicine protects your privacy and your personal information. The personal information requested on this form is collected under the authority of the Letters Patent of the Northern Ontario School of Medicine dated November 15, 2002, and in accordance with the *Freedom of Information and Protection of Privacy Act*. Personal information collected is used by the School for the purposes of executing various functions and activities related to the administration of the School and its programs and services. Please direct any questions about this collection to the Faculty Affairs Office Toll Free 1-877-678-7358.

Please return the completed form to the Office of Faculty Affairs by:

Fax: (705) 662-7265
Email: divclinsci@nosm.ca
or
Mail to
Faculty Affairs, CSD Coordinator
Northern Ontario School of Medicine
Lakehead University Campus
955 Oliver Road, Room ATAC 6025A
Thunder Bay, ON, P7B 5E1



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario

ᐅ·ᐅᐅᐅ· ᐅᐅᐅᐅ
ᐅᐅᐅᐅ· ᐅ ᐅᐅᐅᐅ·ᐅᐅ

CLINICAL FACULTY ORIENTATION MANUAL

TABLE OF CONTENTS

Opportunities for Clinical Faculty	3
NOSM Recruitment FAQ.....	3
NOSM Policies and Procedures.....	3
The Clinical Sciences Team.....	4
tech support /NOSM Library / NOSM Email.....	5
Continuing Education & Professional Development.....	5
Other Resources.....	6

OPPORTUNITIES FOR CLINICAL FACULTY

The School offers faculty members a broad range of teaching and administrative opportunities. For a comprehensive list of these opportunities, please review the [Clinical Faculty Opportunities](#) which can be located on the NOSM website.

It is important for reappointment and promotion purposes to document your contributions to the School. To assist with this process, we have created the [NOSM Contributions Dossier](#). The Dossier can be found on the NOSM website. We suggest you complete the Dossier and update it regularly.

We have also developed a [Curriculum Vitae template](#) for NOSM faculty members to assist them in developing and maintaining their CV. This template can be used as a guideline and is available on the NOSM website.

NOSM RECRUITMENT FAQ

[NOSM Recruitment FAQ's](#)

NOSM POLICIES AND PROCEDURES

Policies and procedures related to clinical faculty can be found in the Faculty Handbook. The Faculty Handbook can be located on the NOSM website at: <https://www.nosm.ca/faculty/clinical-sciences/resources/>. You are encouraged to make yourself familiar with the policies and procedures found within this Handbook.

THE CLINICAL SCIENCES TEAM

Division Head

Dr. Barb Zelek
Email: bzelek@nosm.ca

Director, Faculty Affairs & CEPD

Ms. Anita Arella
Email: aarella@nosm.ca

Administrative Coordinator, CSD

Email: divclinsci@nosm.ca

Section Chairs:

Anaesthesia Section Chair

Dr. Brent Kennedy
Email: bkenny2@gmail.com

Family Medicine – Co-Chair

Dr. Anjali Oberai
Email: aoberai@wawafht.com

Child & Adolescent Health Section Chair

Dr. Justin Jagger
Email: jaggerj@tbh.net

Family Medicine – Co-Chair

Dr. Edward Hirvi
Email: ehirvi@nosm.ca

Internal Medicine Section Chair

Dr. Birubi Biman
Email: birubi.biman@nosm.ca

Psychiatry Section Chair

Dr. Jack Haggarty
Email: haggartyj@tbh.net

Health Sciences Section Chair

Ms. Sally Prystanski
Email: sprystanski@nosm.ca

Orthopaedic Surgery Section Chair

Dr. Roy Kirkpatrick
Email: kirkpatrickroy@hotmail.com

Emergency Medicine Section Chair

Dr. Gary Bota
Email: gary.bota1@gmail.com

Surgery Section Chair

Dr. Roy Kirkpatrick
Email: kirkpatrickroy@hotmail.com

OB/GYN Section Chair

Dr. Karen Splinter
Email: drkarensplinter@gmail.com

Radiology Section Chair

Dr. Amer Alaref
Email: ameraref@yahoo.com

Public Health and Preventive Medicine Section Chair

Dr. Barb Zelek
Email: bzelek@nosm.ca

Pathology Section Chair

Dr. Barb Zelek
Email: bzelek@nosm.ca

[Senior Leadership Organizational Chart](#)

TECH SUPPORT /NOSM LIBRARY / NOSM EMAIL

The goal of the technology helpdesk is to provide a central point of contact between the medical school faculty and staff and the Technology Unit. This service offers first line technical support in a fast and effective manner.

Hours of Operation

Monday to Friday

9:00 a.m. to 4:00 p.m. EST

Contacts:

East Campus at Laurentian University 705-662-7120

West Campus at Lakehead University 807-766-7500

Toll Free Number: 1.800.461.8777

E-Mail address: helpdesk@nosm.ca

Online IT Helpdesk ticket submission:

<https://www.nosm.ca/about/administrative-offices/it/helpdesk/>

Note: When submitting a service request via email, kindly include your name, location, pertinent contact information, and a detailed description of the technology issue you are experiencing.

As a faculty member, you will receive a NOSM email account and have access to the full suite of resources and services at the Health Sciences Library. Your NOSM email can be accessed through [Google Gmail](#).

Once you have registered with the library, you can use the print collection, electronic books and journals, licensed databases, and services including inter-library loan and literature searches. To access off-campus electronic resources, you can use your username and password.

For more information about library resources and services, please visit the [Health Sciences Library](#) or email the Library at askthelibrary@nosm.ca.

CONTINUING EDUCATION & PROFESSIONAL DEVELOPMENT

NOSM recognizes that a strong faculty development program is the key to achieving excellence in medical education and is committed to delivering an integrated and comprehensive faculty development program. The Continuing Education & Professional Development (CEPD) unit appreciates the inter-professional nature of the educational programs and the geographic disbursement of the Clinical Faculty and as such endeavors to offer all NOSM faculty the opportunity to participate in educational events to develop skills in teaching, research and administration.

Both live and archived CEPD events are available for viewing on the CEPD page of the NOSM website. Instructions on how to access both the "live" and "archived" CEPD events are attached as Appendix C. This information can also be located on the [CEPD page](#) of the NOSM website under the Continuing Medical Education and Faculty Development Event tabs.

The CEPD unit produces a [calendar of learning sessions](#). This calendar can be found on the CEPD page of the NOSM website.

To receive weekly updates regarding all up and coming events, you are asked to email your contact information to cepdregistrations@nosm.ca.

If you have any questions, please contact the CEPD office at cepd@nosm.ca.

OTHER RESOURCES

- [NOAMA website](#)
- [College of Physicians and Surgeons of Ontario \(CPSO\) website](#)
- [Ontario Medical Association \(OMA\) website](#)
- [NOSM Family Medicine Faculty Handbook](#)
- [Health Sciences Library – Off the Shelf](#)
- [NOSM News and Communications](#)
- [NOSM Website](#)