DRAFT Template

Letter Requesting Full time Clinical Faculty of Medicine Appointment in DoM

From PIC/DDD

Date:

Dr. Gillian Hawker
Chair, Department of Medicine
University of Toronto
C. David Naylor Building,

6 Queen’s Park Crescent West, 3rd Floor

Toronto, ON M5S 3H2

**Re: Candidate’s Name**

Dear Dr. Hawker,

I am writing to recommend Dr. \_\_\_\_\_\_\_\_\_\_\_ for appointment at the level of \_\_\_\_\_\_\_\_\_\_\_\_\_ *[lecturer or assistant/ associate / full professor*] in the Division of \_\_\_\_\_\_\_\_\_\_\_\_\_ in the Department of Medicine with an academic position description of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[clinician teacher / academic clinician /clinician in quality & innovation / clinician educator / clinician investigator / clinician scientist / clinician administrator]*. His/Her time distribution for this position is: \_\_\_% clinical, \_\_\_% teaching, \_\_\_% research, \_\_\_% administration.

Dr \_\_\_\_\_\_\_ is appointed as *[active staff / pending active staff]* in the Division of \_\_\_\_\_\_\_\_\_\_\_, in the Department of Medicine at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ *[Hospital]* and is a member of the \_\_\_\_\_\_\_\_\_\_\_\_ practice plan. This appointment meets the criteria for faculty full time appointment in compliance with the clinical faculty appointment policy. I would ask this appointment be effective \_\_\_\_\_\_\_\_\_\_\_ (date).

**Qualifications**

Dr. \_\_\_\_\_\_\_\_\_\_ completed a \_\_\_\_\_\_\_\_\_\_\_ (graduate degree), and MD at \_\_\_\_\_\_\_\_\_\_\_. S/he is certified by the Royal College of Physician and Surgeons in \_\_\_\_\_\_\_\_\_\_\_ (or other equivalent Governing body). S/he completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (post doc, subspecialty training, fellowship) at \_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (area of study) under the supervision of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Insert brief paragraph regarding recent employment history

**Justification of rank request**

1. Indicate advanced training received (using criteria of FoM)
	1. Degree received
	2. Advanced fellowship training – specify why unique
	3. Certificates, other non-degree programs
2. Demonstrated scholarly output – related to degree OR sustained output
3. Demonstrated teaching effectiveness – if no degree, must be sustained (evaluations, teaching awards)

**Recruitment Process**

1. Product of a formal search process – yes or no (if yes, include posting, committee membership)
2. Approval by DDD Exec / hospital

**Appointment Justification**

Overall value add of the individual to University of Toronto, Faculty of Medicine

1. Brief summary of how this recruit will promote the strategic priorities and mandate of U of T FoM (education, research, quality of care)

Yours Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

Physician in Chief, Department of Medicine Director, Division of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Institution) Department of Medicine, University of Toronto