**Division Director Letter**

Date

Narmin Kassam, M.D.  
Professor and Chair, Department of Medicine  
University of Alberta  
Head, Clinical Department of Medicine  
AHS Edmonton Zone

**Re: Dr. Name - Clinical Academic Colleague Appointment**

I would like to request approval of the appointment of Dr. Name as a member of the Clinical Faculty effective start date in the Department of Medicine of the Faculty of Medicine and Dentistry.

The [Choose one: teaching/research/teaching and research] appointment, is for a [Choose one: one/three/five] year(s), renewable term, involves no remuneration and may be terminated within the appointment period by mutual consent, or as initiated by the Department or Dr. Name, Director, Division of Division.

The goals and expectations of the clinical academic appointment will provide significant mutual benefits of the physician, division and the department. The particular needs and circumstances have been worked out and are outlined below.

**Outline involvement in Teaching and/or Research:**

Including goals and expectations. Also identify the type of research (ie. Clinical trials grants, grant funding etc.)

Click or tap here to enter text.

**Activities to be Carries out:**

Clinical bedside teaching for students and/or residents, in inpatient and/or ambulatory settings

Supervision of students and/or residents on research projects

Lectures and/or seminars given to students and/or residents

Participating in evaluation of trainees, such as OSCE’s, interviews

Specify your own value:

Click or tap here to enter text.

**Can apply for and hold grants** [UofA Policies and Procedures On-Line (UAPPOL)](https://policiesonline.ualberta.ca/PoliciesProcedures/Policies/Eligibility-to-Apply-for-and-Hold-Research-Funding-Policy.pdf)

*Note: University Eligibility is not required for Clinical trials grants as these are held in NACTRC*

Yes

No

**Annual report:**

The annual report will address the achievements relative to the goals and expectations and will be reviewed by the Division Director for evaluation and recommendation to the Department Chair for evaluation.

**Required for CAC appointment:**

Home address:

Email address:

Date of Birth (required for University CCID):

Dr. Name and I look forward to hearing your recommendation to the Dean.

Sincerely,

Dr. Name, Director, Division of Division

Encl.

Dr. Name, CV