



**Application for an Academic/Faculty Appointment
(For Department of Emergency Medicine)
Faculty of Medicine
Dalhousie University**

Please attach an updated CV, and copies of all degree certificates.
Please ensure this form is completed in its entirety and please print clearly.

PART I PERSONAL INFORMATION

Name: _____
Last First Middle

Gender: F M **Date of Birth:** _____
Year Month Day

Citizenship: Canadian Other: _____

Business Address: _____
Street City Province Postal Code

Home Address: _____
Street City Province Postal Code

Business Phone: _____ **FAX:** _____

Mobile: _____ **Home Telephone:** _____

Work Email Address: _____

Preferred Email Address: _____

PART II

Please check and specify where appropriate:

CCFP	<input type="checkbox"/>	Year: _____	(EM)	<input type="checkbox"/>	Year: _____
FRCP	<input type="checkbox"/>	Specialty: _____			Year: _____
		Sub-specialty: _____			Year: _____
FRCS	<input type="checkbox"/>	Specialty: _____			Year: _____
		Sub-specialty: _____			Year: _____
Other:	<input type="checkbox"/>	Specify: _____			Year: _____
MSc	<input type="checkbox"/>	Area: _____			Year: _____
PhD	<input type="checkbox"/>	Area: _____			Year: _____

Name of Medical School: _____

Year of Graduation: _____ Residency/Internship: _____

College of Family Physicians Membership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____
Certification in Family Medicine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____
Certification in Emergency Medicine	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____
Royal College Certification	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____

RCPSC Specialty: _____

Areas of Special Interest:

Scholarly Activities: Articles published, curriculum development, special projects, etc.

Publications: _____

Presentations: _____

Reviewer: _____

Other: _____

References:

1. Name _____

Contact _____

2. Name _____

Contact _____

3. Name _____

Contact _____

**Forward completed form (and requested documents) to
Appointments Co-Ordinator - Department of Emergency Medicine
emergency.medicine@dal.ca**