



Otolaryngology - Head & Neck Surgery
UNIVERSITY OF TORONTO

Promotion – Lecturer to Assistant Professor

Information Package

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Otolaryngology - Head & Neck Surgery UNIVERSITY OF TORONTO

Dear Faculty Member,

One of the ways that we, as a department can show appreciation and thanks for the dedication that you put into the education and research mission of our department, is to consider you for promotion. In the past, the promotion process from Lecturer to Assistant Professor (and even higher) was rather informal. A Chair could write to the Dean and request such a promotion from Lecturer to Assistant Professor and it would usually be granted without much paperwork. Times have changed, and now there is a very substantial amount of paperwork and rigor to consider someone for promotion from Lecturer to Assistant Professor. I would like to make every effort to try and promote as many of our Lecturers to the Assistant Professor level as possible. It is my sincere hope, that you will find this Promotion to Assistant Professor Information Package helpful in this process.

All of the information may seem a bit daunting but once you start putting everything together and collecting the necessary information, I hope you will find that it is a rewarding experience to see all of the great things you have done. The main things to remember are that you will get promoted by your activities in at least one of the following areas: i) Teaching and Education, ii) Creative Professional Activity and/or iii) Research.

Most of our faculty at the rank of Lecturer will be promoted on the basis of sustained (at least 3 or more years) excellence in teaching and education. The critical piece here is your Curriculum Vitae (CV) and a well thought out and put together teaching dossier. The information in this promotions package will help guide you in the creation of a CV and teaching dossier. We will offer faculty development sessions on promotion and I or our Vice Chair Research, Dr. Alain Dabdboub will be available to assist you in this process. If at any time, you have questions or concerns, please do not hesitate to contact us.

Once we receive your completed application package for promotion to Assistant Professor, it will be reviewed by our Departmental Promotions Committee. Once approved by the Promotions Committee, the application package will be submitted to the appropriate individuals in the Faculty of Medicine at the University of Toronto who make a recommendation to the Dean who has final approval.

The members of the Promotions Committee for our Department are as follows: Karen Gordon (Chair), Paolo Campisi, Joseph Chen, Douglas Chepeha, Danny Enepekides, Ralph Gilbert, Jonathan Irish, Blake Papsin and Ian Witterick. If you have any conflicts with any member of the Promotions Committee, please clarify these with Dr. Dabdboub or I.

Our administrative team and I will be here to assist you as much as possible. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Ian J. Witterick, MD, MSc, FRCSC
Professor and Chair
Department of Otolaryngology-Head & Neck Surgery

CRITERIA FOR PROMOTION

MUST HAVE LECTURER STATUS + ONE OR MORE OF THE FOLLOWING:

Academic activities since the initial date of appointment (a suggested minimum of three years at the rank of lecturer) should showcase impact, importance and innovation at a local/provincial/national or international level.

SUSTAINED EXCELLENCE IN TEACHING / CURRICULUM DEVELOPMENT

- Teaching effectiveness, for example: a summary of a strong teaching dossier that includes:
 - i) an analysis of student evaluations with mean scores compared to other faculty members and
 - ii) number and types of trainees taught within a variety of teaching environments.
- Involved in the design and development of curricula or educational offerings and/or in the development of educational materials.

ADVANCED EDUCATION

- Successful completion of a master's degree post MD in an applicable healthcare field
- AND
- One or two first authored peer-reviewed publications

EXCELLENCE IN RESEARCH

- Record of sustained and current productivity in research and in research-related activities, such as, a record of scientific publications demonstrating that the research has led to a significant source of new information in the field.
- Evidence of originality and importance to the field.

EXCELLENCE IN CREATIVE PROFESSIONAL ACTIVITY (CPA)

- To demonstrate professional innovation, one must show an instrumental role in the development, introduction and dissemination of an invention, a new technique, a conceptual innovation or an educational program
- Creative excellence, in such forms as biomedical art, communications media, and video presentations, may be targeted at various audiences from the la public to health care professionals.

PROCESS

- Step 1:** Meet with your Otolaryngologist-in-Chief or the Chair of the University Department to discuss your promotion and determine whether you meet the criteria for promotion to Assistant Professor.
- Step 2:** Prepare your Promotion Dossier: CV, Teaching and/or CPA and/or Research Dossier, copies of publications.
- Step 3:** Submit your Promotion Dossier to the attention of the Chair, Department of Otolaryngology-Head & Neck Surgery.

INTERNAL PROCESS

Your Promotion Dossier will be brought to the Department Promotions Committee (DPC) for review and support. If supported by the DPC, it will then be submitted to Faculty of Medicine Human Resources and Faculty Appointments Advisory Committee (FAAC), with a letter of support from the Chair, OHNS.



Criteria for Promotion to Assistant Professor

Appointees in full-time, part-time and adjunct categories may be promoted. Normally, a new clinical faculty appointee starts at the lecturer rank, though entry at assistant professor or higher is possible. Standards for rank at entry are set by the Faculty Appointments Advisory Committee and the Decanal Promotions Committee. Promotion of full-time clinical academic appointees is expected but not required; promotion of part-time and adjunct clinical academic appointees is possible but not expected. Promotion from lecturer to assistant professor is approved by the Dean, on the advice of the Faculty Appointments Advisory Committee. Promotion to associate professor or full professor is recommended to the Provost by the Dean, based on criteria set out in the Faculty of Medicine Manual for Academic Promotion (version for the academic year in which promotion is sought), and governed by the University's Policy and Procedures Governing Promotions. The Dean is advised by the Decanal Promotions Committee. Procedures for appeals concerning denial of promotion are found in Section 5.3¹

Only qualified clinical faculty in the Faculty of Medicine can be promoted from the rank of Lecturer. He/she can be promoted to Assistant Professor upon completion of a recognized graduate program or in recognition of sustained commitment to the academic mission of the Faculty of Medicine².

Generally, a community preceptor or other clinical part-time or adjunct faculty will be appointed at lecturer, and, irrespective of appointment category, be eligible for promotion based on scholarly achievement including teaching performance. Having a Master's degree and recent publications or curriculum development may support but does not guarantee assistant professor rank, especially without substantial recent scholarly work. The Chair must seek peer review by the Department Appointments Committee, and rank is judged further at the decanal level³.

NOTE: Faculty with a "Status Only" appointment cannot be considered for promotion as outlined in this package. A new application for an appointment at the rank of Assistant Professor is required for Status Only faculty.

SECTION B: PROCEDURES

1. Clinical (MD) Appointments

Definition

Clinical (MD) faculty are academic physicians, licensed to practice in Ontario, who hold joint appointments between a clinical entity (fully-affiliated hospital, or community affiliated hospital, or an affiliated community practice or other entity with a relationship to the University of Toronto) and a Clinical Department in the Faculty of Medicine. The categories of clinical (MD) faculty include:

- Full-time: Engaged in academic work for at least 80 per cent of his/her professional time
- Part-time: Engaged in academic work for at least 20 per cent, but less than 80 % of his/her professional time
- Adjunct: Engaged in academic work for less than 20% of his/her professional time
- Visiting Clinical: A visiting physician from another university or research institute who holds a continuing appointment at his/her home institution.

The FAAC only reviews full-time clinical (MD) appointments at a professorial rank. All other clinical (MD) appointments are submitted to the Dean or his/her designate (Vice-Dean Clinical Affairs) for review and approval.

Initial Appointment at the Rank of Assistant Professor

An initial appointment at the rank of Assistant Professor requires the successful completion of a recognized graduate program (or an advanced training experience deemed to be equivalent to a Master's level program. In some cases one to two years of fellowship training or a one to two year teaching certificate program will be considered the equivalent to an advanced degree). The degree program must have been completed as documented by the successful defense of a thesis or awarding of the degree before submission of the request for appointment. In addition, it is expected that the candidate will have at least one or two published first authored peer-reviewed publications at the time of request for appointment, **OR** documentation clearly demonstrating educational accomplishments that includes convincing evidence of one or more of the following:

- 1) Teaching effectiveness (i.e., a summary of a strong teaching dossier that includes: i) an analysis of the student/trainee evaluations with the mean scores and how they compare to other faculty members; and ii) documentation showing the number and types of trainees and evidence that the candidate has taught in a variety of teaching environments).
- 2) Involvement in the design and development of curricula or educational offerings and/or in the development of educational materials.

3) Creative Professional Activity (CPA) such as the setting of practice standards. In situations where the member has completed equivalent fellowship training but is currently enrolled in a graduate studies program, the appointment will be as Lecturer until completion of that degree program.

Promotion from Lecturer to Assistant Professor

Full-time clinical (MD) faculty members who hold an appointment as Lecturer can be considered for promotion at any time that they meet the requirements as set out above for an initial appointment at the rank of Assistant Professor.

An alternative route for promotion to Assistant Professor is to accomplish academic performance in keeping with the Faculty of Medicine guidelines over a period of time as a Lecturer. There are no set timelines for this alternative route to promotion, but generally the candidate would need to demonstrate sustained commitment to recognized academic contributions to the Faculty of Medicine over a minimum three year period.

¹Procedures Manual for Clinical Faculty – available at: <http://medicine.utoronto.ca/faculty-staff/clinical-faculty-resources>

²<http://aapm.utoronto.ca/promotion-non-tenure-stream-faculty>

³Guide to Clinical (MD) Part-Time and Adjunct Appointments Principles at University of Toronto Available at: <http://medicine.utoronto.ca/faculty-staff/clinical-faculty-resources>



Promotion to Assistant Professor

General Information

Detailed letter to the Chair of the University Department

The letter should include:

What area(s) you would like to be considered for promotion in.

1. Teaching and Education
2. Creative Professional Activity
3. Research

Elaborate on why you feel you excel in one or more of these areas (e.g. involvement in UME/PGME/CPD/Public teaching, good teaching effectiveness scores, development of provincial guidelines, organization of events, and publication of clinical research)

It is important to highlight presentations or special lectures you have given and accomplishments at the hospital(s) you are affiliated with (e.g. committees, organizing change, administrative roles).

Are there any special courses or educational events you have taken to improve your leadership skills, teaching or research skills?

How have you contributed to the education and/or research mission of our department?

Curriculum Vitae (CV)

As you progress “through the ranks”, it will become mandatory that your CV be in WebCV format – this is the University of Toronto standard required for Assistant Professors and Associate Professors to adhere to in order to be considered for Promotion to Associate or Full Professor respectively. While it is not mandatory at this stage, it may be a good exercise which may prove helpful later down the road.

A sample of the format of the CV has been provided in this package. A copy is also available on our website: <https://otolaryngology.utoronto.ca/faculty-resources>

Teaching Dossier

What is teaching?

Formal teaching: situations in which responsibilities and expectations for both the teaching and the learner are set in advance, such as lecturing, activity in seminars, individual or group discussions, laboratory and/or clinical teaching.

Informal teaching: teaching that may be more spontaneous such as role modelling and mentoring.

Application of information technologies for local and distance education, educational leadership and administration, faculty development, scholarship in education, research in education, quality assurance and evaluation of educational process and outcomes, assessment of learners, educational innovation, development of new educational materials such as textbooks, syllabi, instructional videos etc.

What to include in your teaching dossier:

If your request for consideration for promotion to Assistant Professor is on the basis of excellence in teaching, the following should be included in your Teaching Dossier:

1. A listing of all teaching activities (organized by teaching level with number of hours). A summary sheet is available for reporting purposes. It is important to list your teaching activities from the date of your initial appointment. A copy is included in this package and is available on our website (TeachingSummaryFormTable3.docx)
2. Supporting documentation related to teaching activities (i.e. copies of course/lecture outlines, letters of invitation to present, etc).
3. Supporting documentation related to the assessment of teaching (i.e. course/lecture evaluations, teaching effectiveness scores, unsolicited testimonial letters etc)
4. Supporting documentation of participation in:
 - a. Research activities (i.e. publications, abstracts, presentations and/or grants)
 - b. A local/provincial/national/international organization whose activities relate to education/research and development

A sample template for a teaching dossier has been included in this package. A copy is also available on our website (TeachingDossier.docx). It is important that the dossier is organized and summarizes the academic/educational activities in chronological order for each academic year.

Teaching Effectiveness Scores may be available in the candidate's University file but it is the responsibility of the candidate to obtain this information with the help of the University Department's Administrative Assistants. If you do not have copies of your available Teaching Effectiveness Scores, contact the Education Coordinator at 416-946-8743 or ohns.educationcoordinator@utoronto.ca

Creative Professional Activity (CPA) Dossier

The Faculty of Medicine recognizes CPA under three broad categories:

- a) Professional Innovation and Creative Excellence
- b) Contributions to Development of Professional Practices
- c) Exemplary Professional Practice

Professional Innovation and Creative Excellence

Professional innovation in the Faculty of Medicine may include the making or development of an invention, development of new techniques, conceptual innovations, or education programs inside or outside the University (e.g. continuing medical education or patient education). Creative excellence, in forms such as biomedical art, communication media, and video presentations, may be targeted at various audiences from the lay public to health care professionals. To demonstrate professional innovation, one must show an instrumental role in the development, introduction and dissemination of an invention, a new technique, a conceptual innovation or an educational program.

Contributions to the Development of Professional Practices

The candidate must demonstrate leadership in the profession, professional organizations, government or regulatory agencies that has influenced standards and/or enhanced the effectiveness of the discipline. Examples of contributions to the development of professional practice may include (but are not limited to) guideline development, health policy development, government policy, community development, international health and development, consensus conference statements, regulatory committees and setting of standards.

Exemplary Professional Practices

To demonstrate exemplary professional practice, the candidate must show that his/her practice is recognized as exemplary by peers and has been emulated or otherwise had an impact on practice.

Assessment

CPA may be linked to Research to provide an overall assessment of scholarly activity. The focus should be on creativity, innovation, excellence and impact on the profession, not on the quantity of achievement. Contributions will not be discounted because they have led to commercial gain, but there must be evidence of scholarship and impact on clinical practice.

Due to the variable activities included under CPA, there may be diverse, and sometimes innovative markers used to indicate the impact of CPA. Evidence upon which CPA will be evaluated may include:

- Scholarly publications such as papers, book chapters, books, monographs
- Invitations to scholarly meetings, workshops
- Guidelines and consensus documents
- Development of health policies, government regulations

- Program evaluation
- Media creations
- Unsolicited letters
- Awards and recognition – professional and community
- Media coverage
- Industry clients
- Innovation and entrepreneurial activity, as evidenced by new products or new ventures launched or assisted, licensed patents

Research Dossier

Evidenced by:

- A record of sustained and current productivity in research and in research related activities, such as a record of scientific publications demonstrating that the research has led to a significant source of new information in the field.
- originality and importance to the field.

Letter of support from the Chief at your hospital

It is important that this letter be part of your dossier and it should clearly identify which one of the categories (Teaching or Creative Professional Activity, or Research) will be highlighted as the basis for your request for promotion to Assistant Professor. If you are being recommended for promotion based on teaching, TES scores must be included in the dossier (see section on Teaching above for more information).

A sample of the structure of this letter has been provided in this package. A copy is also available on our website (SampleChiefLetter.docx).

Internal Letters of Reference

These letters will be solicited by the Chair of the University Department from individuals within your own teaching hospital and/or University Department. These letters are meant to address the importance, impact and innovation of your academic work. The candidate is to suggest a minimum of 3 potential internal references (University of Toronto Faculty of Medicine, Department of Otolaryngology-Head & Neck Surgery) using the provided form (Table 1). The Promotions Committee and/or Chair of the Department may request additional references.

Student Opinion Letters

The candidate is to suggest a minimum of 3 potential internal references (Undergraduate, Postgraduate, Graduate, Continuing Education) you have taught over the last 5 years, using the provided form (Table 2). The Promotions Committee and/or Chair of the Department may request additional references.



Promotion to Assistant Professor

Dossier Check List

Promotion requests from a current faculty member at the rank of Lecturer for promotion to Assistant Professor requires:

	Responsibility	Sent
Detailed Letter to the Chair of the University Department <i>outlining the reasons why the candidate should be promoted</i>	Candidate	<input type="checkbox"/>
Updated Curriculum Vitae (preferably in WebCV format)	Candidate	<input type="checkbox"/>
Teaching Dossier (with Teaching Summary Form Table 3) and/or	Candidate	<input type="checkbox"/>
Creative Professional Activity (CPA) Dossier and/or	Candidate	<input type="checkbox"/>
Research Dossier	Candidate	<input type="checkbox"/>
Academic Job Description	Chair	
Copy of initial Offer of Academic Appointment letter	Chair	
Letter of support from the Otolaryngologist-in-Chief or Physician-in-Chief of your main hospital	Candidate	<input type="checkbox"/>
Letter of support from the Chair, Departmental Promotions Committee	DPC Chair	
List of internal references (with Internal References Table 1)	Candidate	<input type="checkbox"/>
List of students for opinion letters (with Student Testimonial Table 2)	Candidate	<input type="checkbox"/>
Internal letters of reference (minimum of 3)	Chair	

All documents must be submitted electronically.

Forms which are required to be submitted for review must be typed and submitted electronically.

Submit your completed dossier to:

Sonia Valente **via Email (preferred method):** ohns.chairsassistant@utoronto.ca
Department of Otolaryngology-Head & Neck Surgery, University of Toronto

If you have any questions, please contact

Sonia Valente ohns.chairsassistant@utoronto.ca 416-946-8742
Audrea Martin audrea.martin@utoronto.ca 416-946-8740
Dr. Ian Witterick ian.witterick@sinaihealth.ca
Dr. Karen Gordon karen.gordon@utoronto.ca

TEACHING & EDUCATION REPORT

[Given Name] [Family Name]

University of Toronto

Introduction

[Introduction to TER]

Teaching Philosophy

[Teaching Philosophy]

Teaching Landmarks [Start - End Dates]

<i>Teaching Awards</i>		
[Start – End Dates]	[Award Name], [Institution / Organization] ([Award Status])	
<i>Research in Education</i>		
[Start – End Dates]	[Title/Subject].	
<i>Innovations and Development in Teaching and Education</i>		<i>Total Hours</i>
[Start – End Dates]	[Title], [Primary Audience], [Faculty], [University Department], [Division], [Institution / Organization].	[00]
<i>Leadership in Education</i>		
[Institution/Organization]		
[Start – End Dates]	[Title/Position]. [Faculty], [Department], [Division], [City], [Province/State], [Country]. ([Type])	
<i>Administrative Service in Education</i>		<i>Total Hours</i>
[Institution/Organization]		
[Start End Dates]	[Role], [Committee Name], [Educational Level], [Faculty], [University Department], [Division], [City], [Province / State], [Country].	[00]

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees)

1) Academic Year [Start - End Date]

a) *Teaching Awards*

Received

[Start – End Dates] **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country].
[Description of Award].

Nominated

b) *Innovations and Development in Teaching and Education*

[Start – End Dates] [Title].
 [Faculty], [University Department], [Division], [Institution / Organization].
[Description].
[Impact].
 Total Hours: [00]

Total number of hours: [00]

c) *Leadership in Education*

[Institution/Organization]

[Start – End Dates] **[Title/Position]**, [Faculty], [Department], [Division], [City], [Province/State], [Country]. (Type)
[Description].

d) *Administrative Service in Education*

[Institution / Organization]

[Start - End Dates] **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country].
[Description]
 Total Hours for Entire Activity: [00]

Total number of hours: [00]

e) *Aggregate Teaching Evaluations*

[Start – End Dates] **[Source]**, [Faculty], [University Department], [Division],
 Number of Student Evaluations: [00]
 Teaching Evaluation Score (Individual Mean): [00]
 City Wide Mean: [00]
 Hospital Mean: [00]
 Division Mean: [00]
 Quintile: [00]
Evaluation Details: [Student Comments]

f) *Departmental Education*

Lectures

[Start – End Dates] [Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching].
[Activity Description].
 Total Hours for Entire Activity: [00]
 Total Number of Students: [00]
 Teaching Evaluation Score: [00]
Evaluation Details: [Evaluation Details]

Total Number of Students: [00]

Total Number of Hours: [00]

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

Seminars

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. [Activity Description]. Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
Total Number of Students: [00]	
Total Number of Hours: [00]	

Small Group or PBL Teaching

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. [Activity Description]. Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
Total Number of Students: [00]	
Total Number of Hours: [00]	

Workshops

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. [Activity Description]. Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
Total Number of Students: [00]	
Total Number of Hours: [00]	

Examinations

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. [Activity Description]. Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
Total Number of Students: [00]	
Total Number of Hours: [00]	

Teaching Rounds

<i>Formal Teaching Rounds (Scheduled Centrally)</i>	
[Start - End Dates]	Title: [Course Title]. [Department], [Division]. Location of Teaching: [Location] Description: [Optional description] Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
Total Number of Students for Formal Teaching Rounds: [00]	
Total Number of Hours for Formal Teaching Rounds: [00]	
<i>Informal Teaching Rounds (Scheduled by Teacher)</i>	
[Start - End Dates]	Title: [Course Title]. [Department], [Division]. Location of Teaching: [Location] Description: [Optional description] Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
Total Number of Students for Informal Teaching Rounds: [00]	
Total Number of Hours for Informal Teaching Rounds: [00]	

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

Simulations

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Labs

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Practicum

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Individual Consultations

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Peer Coaching

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Remediation

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

Other Teaching Activities (user defined)

[Start – End Dates]	[Activity Title], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. [Activity Description]. Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] Evaluation Details: [Evaluation Details]
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Total Number of Students: [00]
Total Number of Hours: [00]

Clinical Supervision

Assigned

[Start – End Dates]	[Role], [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching]. [Activity Description]. Number of Students: [Number of Students] Unit: [No. of Units] X [Type of Units] Total Hours: [Total Hours] Teaching Evaluation Score: [Teaching Evaluation Score] Evaluation Details: [Evaluation Details]
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Total Number of Multilevel Clinical Students Supervised: [00]
Total Number of Clinical Supervision Hours: [00]

Elective

[Start – End Dates]	[Role], [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching]. [Activity Description]. Student Name(s): a. [Student Level]: [Student Name]; [Student Name]. b. [Student Level]: [Student Name]; [Student Name]. Number of Students: [Number of Students] Unit: [No. of Units] X [Type of Units] Total Hours: [Total Hours] Teaching Evaluation Score: [Teaching Evaluation Score] Evaluation Details: [Evaluation Details]
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Total Number of Multilevel Clinical Students Supervised: [00]
Total Number of Clinical Supervision Hours: [00]

Research Supervision

[Start – End Dates]	[Role], [Faculty], [University Department], [Division]. Student Details: [Student Name], Student's Current Position: [Student's Current Position], Student's Current Institution: [Student's Current Institution] Degree: [Year/Stage], [Degree / Program of Study] Research Project: [Research Project Title] Awards: [Student Awards Attained] Collaborators: [Collaborators] Completed: [YYYY] Total Hours: [00] [Description].
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Total Number of Multilevel Research Students Supervised: [00]
Total Number of Research Supervision Hours: [00]

Mentorship/Preceptorship

[Start – End Dates]	[Type of Mentee / Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position], [Year/Stage]. [Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [00], Total Hours: [00]) [Mentor Purpose / Responsibilities].
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Total Number of Multilevel Students Mentored: [00]
Total Number of Mentorship Hours: [00]

g) Interdepartmental Education (Within Faculty of Medicine)

Same format as in f) Departmental Education above.

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

h) *Inter-faculty Education*

Same format as in f) Departmental Education above.

i) *Education Outside the University and its Affiliated Hospitals*

Same format as in f) Departmental Education above.

j) *Postgraduate, Research and Specialty Training*

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country].
Supervisor(s): [Supervisor].

k) *Qualifications, Certifications and Licenses*

[Start – End Dates] [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #].

l) *Honours and Career Awards*

Received

[Start – End Dates] **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])
Awardee Name: [Student Name].
Role: [Role]
Total Amount: [Total Amount] [Currency]
[Description of Award].

Nominated

m) *Other Noteworthy Activities*

[Start – End Dates] Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].
[Description].
Results / Evaluation: [Results/Evaluation]

n) *Patents and Copyrights*

[Date of Issue] **[Title]**. [Type], [Status]. (Patent or Copyright) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].
[Brief Description].

o) *Grants, Contracts and Clinical Trials*

Funded

[Start – End Dates] **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).
Total Amount: [Total Grant Amount] [Currency].
[Description].

Declined

p) *Salary Support and Other Funding*

Personal Salary Support

[Start – End Dates] **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].
Total Amount: [Total Amount] [Currency].

Trainee Salary Support

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

q) *Publications*

Journal Articles

[Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**.

[Most Significant Publication]. [Most Significant Publication Details].

Case Reports

Abstracts

Books

Books Edited

Book Chapters

Manuals

Editorials

Monographs

Websites / Videos

r) *Presentations*

International

[Date] **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation].
(Presentation by Trainee)
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

National

Regional / Provincial

Local

s) *Peer Review Activities*

Associate or Section Editing

[Start – End Dates] **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

Editorial Boards

Grant Reviews

I. Multilevel Education (Teaching Events with Multiple Levels of Trainees), Academic Year [Start - End Date]

Manuscript Reviews

Presentation Reviews

t) *Other Research and Professional Activities*

Research Projects

[Start – End Dates] **[Role].** [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor]. Collaborator(s): [Collaborators].

Thesis Projects

II. Undergraduate Education, Academic Year [Start - End Dates]

II. Undergraduate Education

1) Academic Year [Start - End Dates]

a) Teaching Awards

Received

[Start – End Dates] **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country].
[Description of Award].

Nominated

b) Innovations and Development in Teaching and Education

[Start – End Dates] [Title].
[Faculty], [University Department], [Division], [Institution / Organization].
[Description].
[Impact].
Total Hours: [00]

Total number of hours: [00]

c) Leadership in Education

[Institution/Organization]

[Start – End Dates] **[Title/Position]**, [Faculty], [Department], [Division], [City], [Province/State], [Country]. ([Type])
[Description].

d) Administrative Service in Education

[Institution / Organization]

[Start - End Dates] **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country].
[Description]
Total Hours for Entire Activity: [00]

Total number of hours: [00]

e) Aggregate Teaching Evaluations

[Start – End Dates] **[Source]**, [Faculty], [University Department], [Division],
Number of Student Evaluations: [00]
Teaching Evaluation Score (Individual Mean): [00]
City Wide Mean: [00]
Hospital Mean: [00]
Division Mean: [00]
Quintile: [00]
Evaluation Details: [Student Comments]

f) [Year/Stage]

Departmental Education

Seminars / Lectures

[Start – End Dates] [Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching].
[Activity Description].
Total Hours for Entire Activity: [00]
Total Number of Students: [00]
Teaching Evaluation Score: [00]
Evaluation Details: [Evaluation Details]

Total Number of Students: [00]

Total Number of Hours: [00]

II. Undergraduate Education, Academic Year [Start - End Dates]

Small Group or PBL Teaching

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Workshops

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Examinations

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Teaching Rounds

Formal Teaching Rounds (Scheduled Centrally)

[Start - End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students for Formal Teaching Rounds: [00]</i>
	<i>Total Number of Hours for Formal Teaching Rounds: [00]</i>

Informal Teaching Rounds (Scheduled by Teacher)

[Start - End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students for Informal Teaching Rounds: [00]</i>
	<i>Total Number of Hours for Informal Teaching Rounds: [00]</i>

Simulations

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

II. Undergraduate Education, Academic Year [Start - End Dates]

Labs

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Practicum

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Individual Consultations

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Peer Coaching

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Remediation

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

Other Teaching Activities (user defined)

[Start – End Dates]	[Activity Title], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching]. <i>[Activity Description].</i> Total Hours for Entire Activity: [00] Total Number of Students: [00] Teaching Evaluation Score: [00] <i>Evaluation Details: [Evaluation Details]</i>
	<i>Total Number of Students: [00]</i>
	<i>Total Number of Hours: [00]</i>

II. Undergraduate Education, Academic Year [Start - End Dates]

Clinical Supervision

Assigned

[Start – End Dates] **[Role]**, [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching].
[Activity Description].

Number of Students: [Number of Students]
Unit: [No. of Units] X [Type of Units]
Total Hours: [Total Hours]

Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

Total Number of Undergraduate Clinical Students Supervised: [00]
Total Number of Clinical Supervision Hours: [00]

Elective

[Start – End Dates] **[Role]**, [Faculty], [University Department], [Division]. Location of Teaching: [Location of teaching].
[Activity Description].

Student Name(s): Student Name]; [Student Name].

Number of Students: [Number of Students]
Unit: [No. of Units] X [Type of Units]
Total Hours: [Total Hours]

Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

Total Number of Undergraduate Clinical Students Supervised: [00]
Total Number of Clinical Supervision Hours: [00]

Research Supervision

[Start – End Dates] **[Role]**, [Faculty], [University Department], [Division].
Student Details: [Student Name], Student's Current Position: [Student's Current Position], Student's Current Institution: [Student's Current Institution]
Degree: [Degree / Program of Study]
Research Project: [Research Project Title]
Awards: [Student Awards Attained]
Collaborators: [Collaborators]
Completed: [YYYY]
Total Hours: [00]
[Description].

Total Number of Undergraduate Research Students Supervised: [00]
Total Number of Research Supervision Hours: [00]

Mentorship/Preceptorship

[Start – End Dates] [Type of Mentee / Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position].
[Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [00], Total Hours: [00])
[Mentor Purpose / Responsibilities].

Total Number of Undergraduate Students Mentored: [00]
Total Number of Mentorship Hours: [00]

Extra-Departmental Education (Within Faculty of Medicine)

Same format as **Departmental Education** for this level

Extra-Faculty Education

Same format as **Departmental Education** for this level

Extra-University Education (Outside U of T)

Same format as **Departmental Education** for this level

g) *Postgraduate, Research and Specialty Training*

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country].

II. Undergraduate Education, Academic Year [Start - End Dates]

Supervisor(s): [Supervisor].

h) Qualifications, Certifications and Licenses

[Start – End Dates] [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #].

i) Honours and Career Awards

Received

[Start – End Dates] **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])
Awardee Name: [Student Name].
Role: [Role]
Total Amount: [Total Amount] [Currency]
[Description of Award].

Nominated

j) Other Noteworthy Activities

[Start – End Dates] Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].
[Description].
Results / Evaluation: [Results/Evaluation]

k) Patents and Copyrights

[Date of Issue] **[Title]**. [Type], [Status]. (Patent or Copyright) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].
[Brief Description].

l) Grants, Contracts and Clinical Trials

Funded

[Start – End Dates] **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).
Total Amount: [Total Grant Amount] [Currency].
[Description].

Declined

m) Salary Support and Other Funding

Personal Salary Support

[Start – End Dates] **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].
Total Amount: [Total Amount] [Currency].

Trainee Salary Support

n) Publications

Journal Articles

[Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**.

[Most Significant Publication]. [Most Significant Publication Details].

Case Reports

Abstracts

II. Undergraduate Education, Academic Year [Start - End Dates]

Books

Books Edited

Book Chapters

Manuals

Editorials

Monographs

Websites / Videos

o) *Presentations*

International

[Date] **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation].
([Presentation by Trainee])
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

National

Regional / Provincial

Local

p) *Peer Review Activities*

Associate or Section Editing

[Start – End Dates] **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

Editorial Boards

Grant Reviews

Manuscript Reviews

Presentation Reviews

q) *Other Research and Professional Activities*

Research Projects

II. Undergraduate Education, Academic Year [Start - End Dates]

[Start – End Dates] **[Role].** [Contribution Area]. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor].
Collaborator(s): [Collaborators].

Thesis Projects

III. Graduate Education, Academic Year [Start - End Dates]

III. Graduate Education

*Same format as **II. Undergraduate Education** above.*

IV. Undergraduate MD, Academic Year [Start - End Dates]

IV. Undergraduate MD

Same format as II. Undergraduate Education above.

V. Postgraduate MD, Academic Year [Start - End Dates]

V. Postgraduate MD

Same format as II. Undergraduate Education above.

VI. Continuing Education, Academic Year [Start - End Dates]

VI. Continuing Education

Same format as I. Multilevel Education above.

VII. Faculty Development, Academic Year [Start - End Dates]

VII. Faculty Development

Same format as I. Multilevel Education above.

VIII. Patient and Public Education, Academic Year [Start - End Dates]

VIII. Patient and Public Education

*Same format as I. **Multilevel Teaching** above.*

X. Related Educational Activities, Academic Year [Start - End Date]

X. Related Educational Activities

1) Academic Year [Start - End Date]

a) *Postgraduate, Research and Specialty Training*

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country].
Supervisor(s): [Supervisor].

b) *Qualifications, Certifications and Licenses*

[Start – End Dates] [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #].

c) *Leadership in Education*

Clinical

[Start – End Dates] **[Title/Position]**, [Faculty], [Department], [Division], [Institution/Organization], [City], [Province/State], [Country].
[Description].

Consulting

Hospital

Research

University

University Rank

University Cross Appointment

d) *Honours and Career Awards*

Received

[Start – End Dates] **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])
Awardee Name: [Student Name].
Role: [Role]
Total Amount: [Total Amount] [Currency]
[Description of Award].

Nominated

e) *Other Noteworthy Activities*

[Start – End Dates] Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].
[Description].
Results / Evaluation: [Results/Evaluation]

f) *Patents and Copyrights*

[Date of Issue] **[Title]**, [Type], [Status]. (Patent or Copyright) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].
[Brief Description].

X. Related Educational Activities, Academic Year [Start - End Date]

g) *Grants, Contracts and Clinical Trials*

Funded

[Start – End Dates] **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators: [Collaborators]. ([Funding Type]).
Total Amount: [Total Grant Amount] [Currency].
[Description].

Declined

h) *Salary Support and Other Funding*

Personal Salary Support

[Start – End Dates] **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].
Total Amount: [Total Amount] [Currency].

Trainee Salary Support

i) *Publications*

Journal Articles

[Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**.
[Most Significant Publication]. [Most Significant Publication Details].

Case Reports

Abstracts

Books

Books Edited

Book Chapters

Manuals

Editorials

Monographs

Websites / Videos

j) *Presentations*

International

[Date] **[Role]**. [Presentation Type]. [Title]. [Host], [City], [Province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation].
([Presentation by Trainee])
Teaching Evaluation Score: [Teaching Evaluation Score]

X. Related Educational Activities, Academic Year [Start - End Date]

Evaluation Details: [Evaluation Details]

National

Regional / Provincial

Local

k) Peer Review Activities

Associate or Section Editing

[Start – End Dates] [Role]. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

Editorial Boards

Grant Reviews

Manuscript Reviews

Presentation Reviews

l) Other Research and Professional Activities

Research Projects

[Start – End Dates] [Role]. [Contribution Area]. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor].
Collaborator(s): [Collaborators].

Thesis Projects

m) Administrative Service in Education

[Institution / Organization]

[Start - End Dates] [Role], [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country].
[Description]

Total Hours for Entire Activity: [00]

Total number of hours: [00]

XI. Research in Teaching and Education

1) [Title/Subject of Research Statement]

([Start – End Dates])

Description: [Description].

Impact: [Impact].

Documentation

Note: Below are samples of all activities that could be attached to a Research in Teaching and Education title. Include only activities directly related to this Research in Education title.

a) Degrees

[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor].

b) Postgraduate, Research and Specialty Training

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor].

c) Qualifications, Certifications and Licenses

[Start – End Dates] [Title], [Speciality], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License / Membership #].

d) Professional Associations

[Start – End Dates] [Role], [Association Name], [License / Membership #].

e) Positions Held and Leadership Experience

Clinical

[Start – End Dates] [Title/Position], [Faculty], [Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. [Description].

Consulting

Hospital

Research

University

University Rank

University Cross Appointment

f) Honours and Career Awards

Received

[Start – End Dates] [Award Name], [Faculty], [University Department], [Division], [Institution/Organization], [City], [Province/State], [Country]. ([Award

XI. Research in Teaching and Education, [Title/Subject of Research Statement]

Type], Specialty: [Specialty]. [Educational Level], [Year/Stage]
Awardee Name: [Student Name].
Role: [Role]
Total Amount: [Total Amount] [Currency]
[Description of Award].

Nominated

g) Other Noteworthy Activities

[Start – End Dates] Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].
[Description].
Results / Evaluation: [Results/Evaluation]

h) Patents and Copyrights

[Date of Issue] **[Title]**. [Type], [Status]. (Patent or Copyright) #: [Patent/Copyright #], [Country], Joint Holder Names: [Joint Holder Names].
[Brief Description].

i) Grants, Contracts and Clinical Trials

Funded

[Start – End Dates] **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal Investigator]. Collaborators:
[Collaborators]. ([Funding Type]).
Total Amount: [Total Grant Amount] [Currency].
[Description].

Declined

j) Salary Support and Other Funding

Personal Salary Support

[Start – End Dates] **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country]. Specialty: [Specialty].
Total Amount: [Total Amount] [Currency].

Trainee Salary Support

k) Publications

Journal Articles

[Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication]. [Trainee Details]. **[Role]**.

[Most Significant Publication]. [Most Significant Publication Details].

Case Reports

Abstracts

Books

Books Edited

Book Chapters

Manuals

XI. Research in Teaching and Education, [Title/Subject of Research Statement]

Editorials

Monographs

Websites / Videos

l) Presentations

International

[Date] **[Role]**. [Presentation Type]. [Title]. [Host], [City], [province/State], [Country]. Presenter(s): [Presenters]. [Rest of Citation].
([Presentation by Trainee])
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

National

Regional / Provincial

Local

m) Peer Review Activities

Associate or Section Editing

[Start – End Dates] **[Role]**. [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

Editorial Boards

Grant Reviews

Manuscript Reviews

Presentation Reviews

n) Other Research and Professional Activities

Research Projects

[Start – End Dates] **[Role]**. [Contribution Area]. [Title]. [Institution/Organization], [City], [Province/State], [Country]. Supervisor(s): [Supervisor].
Collaborator(s): [Collaborators].

Thesis Projects

o) Teaching

[Activity Type]

XI. Research in Teaching and Education, [Title/Subject of Research Statement]

[Start – End Dates] [Activity Title], [Educational Level], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching].
[Activity Description].
Total Hours: [Total Hours]
Number of Students: [Number of Students]
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

p) Clinical Supervision

[Educational Level]

[Start – End Dates] [Type of Supervision] Supervision. [Role]. [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching].
[Activity Description].
Student Name(s): [Student Names (Optional)]
Number of Students: [Number of Students]
Unit: [No. of Units] X [Type of Units]
Total Hours: [Total Hours]
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

q) Research Supervision

[Educational Level]

[Start – End Dates] [Role], [Faculty], [University Department], [Division].
Student Details: [Student Name], Student's Current Position: [Student Current Position], Student's Current Institution: [Student's Current Institution]
Degree: [Year/Stage], [Degree/Program of Study]
Research Project: [Research Project Title]
Awards: [Student's Awards Attained]
Collaborators: [Collaborators]
Completed: [Year Completed]
[Description]

r) Mentorship

[Educational Level]

[Start – End Dates] [Type of Mentee / Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position], [Year/Stage].
[Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [No. of Encounters per Year], Total Hours: [Total Hours])
[Mentor Purpose / Responsibilities].

s) Innovations and Development in Teaching and Education

[Primary Audience]

[Start – End Dates] [Title].
[Faculty], [University Department], [Division], [Institution/Organization].
[Description].
[Impact].
Total Hours: [Total Hours]

t) Aggregate Teaching Evaluations

[Educational Level]

[Start – End Dates] [Source]. [Faculty], [University Department], [Division].
Teaching Evaluation Score (Individual Mean): [Teaching Effectiveness Score (Individual Mean)]
City Wide Mean: [City Wide Mean]
Hospital Mean: [Hospital Mean]
Division Mean: [Division Mean]
Quintile: [Quintile]
Evaluation Details: [Student Comments]

u) Administrative Activities

[Institution / Organization]

[Start - End Dates] [Role], [Committee Name], [Faculty], [University Department], [Division], [City], [Province / State], [Country].
[Description]
Total Hours for Entire Activity: [00]

Total number of hours: [00]

XI. Research in Teaching and Education, [Title/Subject of Research Statement]

Other Documentation

[Other Documentation]

XII. Creative Professional Activities in Teaching and Education

1) Professional Innovation and Creative Excellence

a) [Title]

((Start – End Dates))

Description: [Description].

Impact: [Impact].

Documentation

*Table level details are same as for **Research in Teaching and Education** section of this report.*

2) Contributions to the Development of Professional Practices

Same as for 1) Professional Innovation and Creative Excellence

3) Exemplary Professional Practice

Same as for 1) Professional Innovation and Creative Excellence

UNIVERSITY OF TORONTO
Creative Professional Activity Report

[Title] [Given Name] [Family Name]
[Professional Title]

1: Introduction

[Introduction of CPA]

2: Professional Innovation and Creative Excellence

1. [CPA TITLE]

([Start – End Dates])

Description: [Description].

Impact: [Impact].

Documentation:

Note: Below are samples of all activities that could be attached to a CPA title. Include only activities directly related to this CPA title.

a) Degrees

[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country].
Supervisor(s): [Supervisor].

b) Postgraduate, Research and Specialty Training

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program] [Institution/Organization], [City],
[Province/State], [Country]. Supervisor(s): [Supervisor].

c) Qualifications, Certifications and Licenses

[Start – End Dates] [Title], [Specialty], [Institution/Organization], [City], [Province/State], [Country], License / Membership #:
[License / Membership #].

d) Professional Associations

[Start – End Dates] **[Role]**, [Association Name], [Licence/ Membership #].

e) Positions Held and Leadership Experience

[Type]

[Start – End Dates] **[Title/Position]**. [Faculty], [Department], [Division], [Institution/Organization], [City], [Province/State],
[Country].
[Description].

f) Honours and Career Awards

[Award Status]

[Start – End Dates] **[Award Name]**, [Faculty], [University Department], [Division], [Institution/Organization], [City],
[Province/State], [Country]. ([Award Type], Specialty: [Specialty]. [Educational Level], [Year/Stage])
Awardee Name: [Student Name].
Role: [Role]
Total Amount: [Total Amount] [Currency].
[Description of Award].

g) Other Noteworthy Activities

[Start – End Dates] Type: [Type]. Audience: [Audience]. [City], [Province/State], [Country].
[Description].
Results / Evaluation: [Results/Evaluation]Description.
Results / Evaluation: Results

h) Patents and Copyrights

[Date of Issue] **[Title]**. [Type], [Status]. (Patent or Copyright) #: [Patent/Copyright #], [Country], Joint Holder Names:
[Joint Holder Names].
[Brief Description].

i) Grants, Contracts and Clinical Trials

[Grant Status]

[Start – End Dates] **[Role]**. [Title]. [Funding Source], [Funding Program Name], [Grant and/or Account #]. PI: [Principal
Investigator]. Collaborators: [Collaborators]. ([Funding Type]).
Total Amount: [Total Grant Amount] [Currency].
[Description].

j) Salary Support and Other Funding

[Funding Type]

[Start – End Dates] **[Funding Title]**, Trainee Name: [Student Name], [Funding Source], [City], [Province/State], [Country].
Specialty: [Specialty].
Total Amount: [Total Amount] [Currency].

k) Publications

[Publication Type]

[Role]. [Authors]. [Title]. [Rest of Citation]. [Publication Status]. Impact Factor: [Journal Impact Factor]. [Trainee Publication].
[Trainee Details].
[Most Significant Publication]. [Most Significant Publication Details].

l) Presentations

[Geographical Scope]

[Date] **[Role]**. [Presentation Type]. [Title]. [Host], [City], [Province/State], [Country]. Presenter(s): [Presenters].
[Rest of Citation]. ([Public Presentation] [Presentation by Trainee])
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

m) Peer Review Activities

[Activity Type]

[Start – End Dates] **[Role].** [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

n) Other Research and Professional Activities

[Activity Type]

[Start – End Dates] **[Role].** [Contribution Area]. [Title]. [Institution/Organization], [City], [province/State], [Country].
Supervisor(s): [Supervisor]. Collaborator(s): [Collaborators].

o) Teaching

[Activity Type]

[Start – End Dates] [Activity Title], [Educational Level], [Year/Stage], [Faculty], [University Department], [Division]. Location of Teaching: [Location of Teaching].
[Activity Description].
Total Hours: [Total Hours]
Number of Students: [Number of Students]
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

p) Clinical Supervision

[Education Level]

[Start – End Dates] [Type of Supervision] Supervision. [Role]. [Year/Stage], [Faculty], [University Department], [Division].
Location of Teaching: [Location of Teaching].
[Activity Description].
Student Name(s): [Student Names (Optional)]
Number of Students: [Number of Students]
Unit: [No. of Units] X [Type of Units]
Total Hours: [Total Hours]
Teaching Evaluation Score: [Teaching Evaluation Score]
Evaluation Details: [Evaluation Details]

q) Research Supervision

[Educational Level]

[Start – End Dates] **[Role].** [Faculty], [University Department], [Division].
Student Details: [Student Name], Student's Current Position: [Student Current Position], Student's Current Institution: [Student's Current Institution]
Degree: [Year/Stage].
Research Project: [Research Project Title]
Awards: [Student's Awards Attained]
Collaborators: [Collaborators]
Completed: [Year Completed]
[Description]

r) Mentorship

[Education Level]

[Start – End Dates] [Type of Mentee/Preceptorship], [Mentee Name], [Institution of Mentee], [Mentee Title / Position], [Year/Stage].
[Faculty], [University Department], [Division]. ([Formal], No. of Encounters per Year: [No. of Encounters per Year], Total Hours: [Total Hours])
[Mentor Purpose / Responsibilities].

s) *Innovations and Development in Teaching and Education*

[Primary Audience]

[Start – End Dates] [Title].
[Faculty], [University Department], [Division], [Institution/Organization].
[Description].
[Impact].
Total Hours: [Total Hours]

t) *Aggregate Teaching Evaluations*

[Educational Level]

[Start – End Dates] [Source]. [Faculty], [University Department], [Division].
Teaching Evaluation Score (Individual Mean): [Teaching Effectiveness Score (Individual Mean)]
City Wide Mean: [City Wide Mean]
Hospital Mean: [Hospital Mean]
Division Mean: [Division Mean]
Quintile: [Quintile]
Evaluation Details: [Student Comments]

u) *Administrative Activities*

[Institution/Organization]

[Start – End Dates] **[Role]**, [Committee Name], [Faculty], [Department], [Division]. [City], [Province/State], [Country].
[Description].
Total Hours: [Hours]

Supplementary Documentation:

[Supplementary Documentation].

Note: Any additional documentation can be included here such as email content.

2. [Other Title]

Note: See CPA Title.

3: Contributions to the Development of Professional Practices

Note: See Professional Innovation and Creative Excellence.

4: Exemplary Professional Practice

Note: See Professional Innovation and Creative Excellence.

RESEARCH DOSSIER EXAMPLE

NAME
DEGREES

Date Prepared:

1. Introduction

Include in this paragraph

- A summary of your research activities
- What the overall focus of your research has been
- State what your goals have been in the process

2. Description

PROJECT 1:

I have demonstrated excellence in research through my publication

This project was recognized...provincially, nationally, internationally.

The topic of this publication was....

As part of my goal to provide leadership in healthcare, I have...

I have worked collaboratively on a number of studies/publications with...

3. List Award(s) Received:

If applicable, include a list of award(s) in the area of research

4. Research Documentation

- Provide examples of your research activities
- For example, publications, a copy of your poster presentation, PowerPoint slides, letters and evaluations

SAMPLE Letter of Support from Otolaryngologist-in-Chief or Physician-in-Chief

Print on hospital/site letterhead

Current date

Dr. Ian Witterick
Professor and Chair
Department of Otolaryngology-Head & Neck Surgery
Faculty of Medicine, University of Toronto
190 Elizabeth Street, TGH RFE 3S-438
Toronto ON M5G 2C4

Dear Professor Witterick,

Introductory Paragraph

Re: Promotion to Assistant Professor – Dr. XXX

I am pleased to recommend Dr. XX to the Department Promotions Committee (DPC) for consideration of promotion to the rank of Assistant Professor in the Department of Otolaryngology-Head & Neck Surgery.

Criteria for Promotion to Assistant Professor:

It is required that at least ONE of the following is CLEARLY IDENTIFIED as eligibility for promotion:

Teaching Effectiveness – Evidenced by: A summary of a strong teaching dossier that includes a strong analysis of the student/trainee evaluations with the mean scores and how they compare to other faculty members; documentation showing the number of types of trainees and evidence that the candidate has taught in a variety of teaching environments; and involvement in the design and development of curricula or educational offerings and/or in the development of educational materials.

Creative Professional Activity (CPA) – Evidenced by: (e.g., the setting of practice standards).

Research – Evidenced by: A record of sustained and current productivity in research and in research-related activities, such as, a record of scientific publications demonstrating that the research has led to a significant source of new information in the field.

Advanced degree – Evidenced by:

- i) Successful completion of a recognized graduate program post MD (or an advanced training experience equivalent to a Master's level program)
- ii) In addition to one or two first authored peer-reviewed publications

Provide one or two summary paragraphs in each of the following areas:

Education and Training:

Use this heading and provide a complete summary. Example:

Dr. XXX received his/her MD from the University of Toronto in 1996 and subsequently completed residency in the Department of Otolaryngology-Head & Neck Surgery at the University of Toronto in 2002. Dr. XXX subsequently completed a Fellowship in Head & Neck Oncology from July 2002 to June 2004.

Provide a descriptive paragraph of medical education and training.

Publications:

Use this heading and provide a complete summary describing the impact to the specialty. Include copies of publications.

Presentations and Special Lectures:

Use this heading and provide a complete summary of invited visits, lectures, etc.

Research:

Use this heading and provide a complete summary. Example:

Dr. XXX has been involved in a number of education and research studies including a national education project regarding x, y, z. The candidate's principal research interest is in the area of XXX, where he/she has been involved in several clinical studies. He/She has been an invited speaker at XXX and has made several presentations at conferences. His/Her publications are mostly in journals of XXX. This research productivity is XXX.

Education and Administration involvement

Use this heading and provide a complete summary. Example:

The candidate is involved in clinical supervision. Dr. XXX is be involved in teaching our residents and medical students during their Otolaryngology-HNS rotations. The candidate is involved in resident teaching, coordinates teaching activities (member of XXX and XXX Committee). This represents a....(describe type and impact of contributions).

Reference Letters or Supportive Comments:

Use this heading and provide a complete summary. Example:

Letters of reference/supportive comments are XXX positive from internal colleagues.

Conclusion

Provide a closing paragraph:

Please find attached the appropriate documents to support this request for consideration of a promotion of Dr. XXX. I [strongly] support the promotion of Dr. XXX to the rank of Assistant Professor.

- Signature block (provide full name, degrees, professional titles, hospital/site, etc.)

Sign the letter

Curriculum Vitae

[Title] [Given Name] [Family Name]
[Professional Title]

Note: Record level details are generally denoted only once for each section. If there are multiple subsections, please use the same format unless noted otherwise.

A. Date Curriculum Vitae is Prepared: [Year Month Day]

B. Biographical Information

Primary Office	[Institution] [Street Address] [City], [Province], [County] [Postal Code]
Telephone	[Telephone Number]
Cellphone	[Cell Phone Number]
Fax	[Fax Number]
Email	[Email Address]

1. EDUCATION

Degrees

[Presented in reverse chronological order]

[Start – End Dates] [Degree], [Subject/Discipline], [Department], [Institution/Organization], [City], [Province/State], [Country], Supervisor(s): [Supervisor(s)]

Postgraduate, Research and Specialty Training

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Subject/Discipline], [Department/Program], [Institution/Organization], [City], [Province/State], [Country], Supervisor(s): [Supervisor(s)]

Qualifications, Certifications and Licenses

[Presented in reverse chronological order]

[Start – End Dates] [Title], [Specialty], [Institution/Organization], [City], [Province/State], [Country], License / Membership #: [License/ Membership Number]

2. EMPLOYMENT

Current Appointments

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].

Description.

[First Name LAST NAME]

Previous Appointments

CLINICAL

[Presented in reverse chronological order]

[Start – End Dates] [Title/Position], [Division], [Department,] [Faculty/ School], [Institution/Organization], [City], [Province], [Country].
Description.

CONSULTING

HOSPITAL

RESEARCH

UNIVERSITY

UNIVERSITY – CROSS APPOINTMENT

UNIVERSITY – RANK

WORK INTERRUPTIONS

[OTHER POSITION TYPE]

3. HONOURS AND CAREER AWARDS

Distinctions and Research Awards

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/Organization], [City], [Province/ State], [Country].
([Award Type , Specialty: [Specialty])
Description. Total Amount: [Total Amount] [Currency]

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Institution/ Organization], [City], [Province/ State], [Country].
([Award Type], (i.e., Credential, Distinction, or Research Award), Specialty: [Specialty])
Description. Total Amount: [Total Amount] [Currency]

NATIONAL

Received

Nominated

[First Name LAST NAME]

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

Teaching Awards

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty],
[Institution/Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage,
Specialty: [Specialty])
Description. Total Amount: [Total Amount] [Currency]

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Role], [Division], [University Department], [Faculty], [Institution/
Organization], [City], [Province/ State], [Country]. (Primary Audience, Year/Stage, Specialty:
[Specialty])
Description. Total Amount: [Total Amount] [Currency]

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

[First Name LAST NAME]

Student/Trainee Awards

INTERNATIONAL

Received

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Specialty], [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country].
Description. Total Amount: [Total Amount] [Currency]

Nominated

[Presented in reverse chronological order]

[Start – End Dates] **[Name of Award]**, [Specialty], [Role], Awardee Name: [Student Name]. [Institution/ Organization], [City], [Province/ State], [Country].
Description. Total Amount: [Total Amount] [Currency]

NATIONAL

Received

Nominated

PROVINCIAL/ REGIONAL

Received

Nominated

LOCAL

Received

Nominated

4. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Professional Associations

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**, [Association Name], [Membership Number]

Administrative Activities

INTERNATIONAL

[Institution/Organization name]

[Presented in reverse chronological order under individual institutions/organizations]

[First Name LAST NAME]

[Start – End Dates] **[Role]**, [Committee Name], [Faculty], [University Department], [Division], [Primary Audience],
[City], [Province], [Canada].
Description.

NATIONAL

PROVINCIAL / REGIONAL

LOCAL

Peer Review Activities

ASSOCIATE OR SECTION EDITING

[Presented in reverse chronological order]

[Role]

[Start – End Dates] [Institution/Organization], [Journal/Section], Number of Reviews: [Number of Reviews]

EDITORIAL BOARDS

GRANT REVIEWS

MANUSCRIPT REVIEWS

PRESENTATION REVIEWS

[OTHER ACTIVITY TYPE]

Other Research and Professional Activities

RESEARCH PROJECT

[Presented in reverse chronological order]

[Start – End Dates] **[Role]**. [Title]. [Institution/ Organization], [City], [Province], [Country]. Supervisor(s):
[Supervisor(s) Name]. Collaborators: [Collaborators Name]
Description.

THESIS PROJECT

[OTHER ACTIVITY TYPE]

[First Name LAST NAME]

C. Academic Profile

1. RESEARCH STATEMENTS

[Presented in reverse chronological order]

[Start – End Dates] [Title/Subject].
[Description].
[Impact].

2. TEACHING PHILOSOPHY

[Free text field]

3. CREATIVE PROFESSIONAL ACTIVITIES STATEMENT

[Introduction of CPA (free text field)]

D. Research Funding

1. GRANTS, CONTRACTS AND CLINICAL TRIALS

PEER-REVIEWED GRANTS

FUNDED

[Presented in reverse chronological order]

[Start – End Dates] [Role]. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [[Funding Type]]
Description.

AWARDED BUT DECLINED

[Presented in reverse chronological order]

[Start – End Dates] [Role]. [Name of Grant]. [Funding Source]. [Funding Program Name]. [Grant/Account Number]. Principal Investigator: [Last Name, First Name(s)]. Collaborators: [Name(s)]. [Amount] [Currency]. [[Funding Type]]
Description.

NON-PEER-REVIEWED GRANTS

[Presented in reverse chronological order]

FUNDED

AWARDED BUT DECLINED

[First Name LAST NAME]

2. SALARY SUPPORT AND OTHER FUNDING

Personal Salary Support

[Presented in reverse chronological order]

[Start – End Dates] [Funding Title]. [Funding Source]. [Amount] [Currency]. [City], [Province], [Country].
(Specialty: [Specialty]).

Trainee Salary Support

[Start – End Dates] [Funding Title]. Trainee Name: [Trainee Name]. [Funding Source]. [Amount] [Currency].
[City], [Province], [Country]. (Specialty: [Specialty]).

Other Funding

E. Publications

1. MOST SIGNIFICANT PUBLICATIONS

[Presented in reverse chronological order]

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if "In Press"*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Most significant publication details.

2. PEER-REVIEWED PUBLICATIONS

Journal Articles

[Presented in reverse chronological order]

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if "In Press"*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Case Reports

1. [Author(s) - **CV holder's name bolded**]. [Report Title]. [Edition]. [City] (Canada): [Publisher]; [Year] [Month] [Day]. [# of pages] p. [Report #]. [Rest of Citation]. Available from: [URL]. [Status - *only if "In Press"*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Books

1. [Author(s) - **CV holder's name bolded**]. [Book Title]. [Edition]. [Editors], editor(s). [Volume]. [City] ([Country]): [Publisher]; [Year]. [# of pages] p. [Rest of Citation]. Available from: [URL]. [Status - *only if "In Press"*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Books Edited

[Same citation format as "Books"]

[First Name LAST NAME]

Book Chapters

1. [Author(s) - **CV holder's name bolded**]. [Chapter Title]. In: [Editors], editor(s). [Book Title]. [Edition]. [Volume]. [City] [(Country)]: [Publisher]; [Year]. p. [Page Range]. [Rest of Citation]. Available from: [URL]. [Status - *only if "In Press"*]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Manuals

1. [Author(s) - **CV holder's name bolded**]. [Manual Title]. In: [Editors], editor(s). [Name of Journal, Book, etc. where it was published]. [Edition]. [Volume]. [City] [(Country)]: [Publisher]; [Year]. [# of pages] p. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Editorials

[Same citation format as "Journal Articles"]

Commentaries

[Same citation format as "Journal Articles"]

Letters to Editor

[Same citation format as "Journal Articles"]

Monographs

1. [Author(s) - **CV holder's name bolded**]. [Title]. [Journal Name]. [Year] [Month] [Day]. [Rest of Citation]. (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Multimedia

[Same citation format as "Monographs"]

In Preparation

1. [Author(s) - **CV holder's name bolded**]. [Paper Title]. [Editors], editor(s). [Year]. [#of pages] p. [Rest of Citation]. Available from: [URL]. (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Clinical Care Guidelines

1. [Contributors - **CV holder's name bolded**]. [Title]. [City] (Canada): [Publisher]; [Year] [Month]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Journal Issues

1. [Author(s) - **CV holder's name bolded**]. [Issue Title]. [Journal Name]. [Year] [Month] [Day]; [Volume]([Issue]). [# of pages] p. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Magazine Entries

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Magazine Name]. [Year] [Month] [Day]; [Volume]([Issue]):[Page Range]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

[First Name LAST NAME]

Newspaper Articles

1. [Author(s) - **CV holder's name bolded**]. [Article Title]. [Newspaper name] ([Edition]). [Year] [Month] [Day]; [Section];[Page Range]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Online Resources

1. [Author(s) - **CV holder's name bolded**]. [Title]. [Editors], editor(s). [City] [(Country)]: [Publisher]; [Year] [Month] [Day]. [Rest of Citation]. Available from: [URL]. Impact Factor [Impact Factor] (Trainee publication, [Trainee Details] - *only if it is a trainee publication*). **[Role]**.

Other Publications

[Same citation format as "Monographs"]

3. NON-PEER-REVIEWED PUBLICATIONS

[Same citation format as Peer-Reviewed Publications]

Journal Articles

Case Reports

Books

Books Edited

Book Chapters

Manuals

Editorials

Commentaries

Letters to Editor

Monographs

[First Name LAST NAME]

Multimedia

In Preparation

Clinical Care Guidelines

Journal Issues

Magazine Entries

Newspaper Articles

Online Resources

Other Publications

4. SUBMITTED PUBLICATIONS

[Same citation format as Peer-Reviewed Publications]

Journal Articles

Case Reports

Books

Books Edited

Book Chapters

Manuals

[First Name LAST NAME]

Editorials

Commentaries

Letters to Editor

Monographs

Multimedia

Clinical Care Guidelines

Journal Issues

Magazine Entries

Other Publications

F. Intellectual Property

1. PATENTS

[Presented in reverse chronological order]

[Date of Issue] **[Title]**. [Status], Filing Date: [Year] [Month]. Patent #: [Patent #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
[Brief Description].

2. COPYRIGHTS

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Copyright #: [Copyright #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
[Brief Description].

3. LICENSES

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. License #: [License #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
[Brief Description].

[First Name LAST NAME]

4. DISCLOSURES

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Disclosure #: [Disclosure #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
[Brief Description].

5. TRADEMARKS

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. Trademark #: [Trademark #], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
[Brief Description].

6. OTHER

[Date of Issue] **[Title]**. [Status - *Applied or Granted*], Filing Date: [Year] [Month]. #: [#], [State/Province], Canada. Joint Holder Name(s): [Joint Holder Names].
[Brief Description].

G. Presentations and Special Lectures

1. INTERNATIONAL

Invited Lectures and Presentations

[Presented in reverse chronological order]

[Date] **[Presentation Role]**. [Title]. [Organizer]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)].
[Description/Contribution Value]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*).

Presented Abstracts

[Same format as "Invited Lectures and Presentations"]

Presented and Published Abstracts

[Date] **[Presentation Role]**. [Title]. [Organizer]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)].
[Description/Contribution Value]. Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*)

Publication Details:

[Author(s)]. [Title]. [Journal Name]. [Year] [Month] [Day];[Volume]([Issue]):[Page Range]. [Rest of Citation].
[Publication Role].

Media Appearances

[Date] **[Presentation Role]**. [Topic]. Interviewer: [Interviewer]. [Program], [Network]. [City], [State/Province], [Country]. Presenter(s): [Presenter(s)]. [Description/Contribution Value]. End date: [Year] [Month] [Day].
Available from: [URL]. (Trainee Presentation - *only if it is a trainee presentation*).

Other Presentations

[Same format as "Invited Lectures and Presentations"]

[First Name LAST NAME]

2. NATIONAL

Invited Lectures and Presentations

Presented Abstracts

Presented and Published Abstracts

Media Appearances

Other Presentations

3. PROVINCIAL/ REGIONAL

Invited Lectures and Presentations

Presented Abstracts

Presented and Published Abstracts

Media Appearances

Other Presentations

4. LOCAL

Invited Lectures and Presentations

Presented Abstracts

Presented and Published Abstracts

Media Appearances

[First Name LAST NAME]

Other Presentations

H. Teaching and Design

Please see the Teaching and Educational Report for full details.

[Introduction to Teaching and Education Report]

1. INNOVATIONS AND DEVELOPMENT IN TEACHING AND EDUCATION

[Presented in reverse chronological order]

[Start – End Dates] [Title], [Primary Audience], [Faculty], [University Department], [Division], [Institution/ Organization] [Description]. [Impact].

I. Research Supervision

1. PRIMARY OR CO-SUPERVISION

Multilevel Education

[Presented in reverse chronological order]

[Start – End Dates] [Role], [Year/Stage - if applicable]. [Supervisee Name], [Graduate Unit], [Collaborative Program]. Supervisee Position: [Supervisee Position], Supervisee Institution: [Supervisee Institution]. [Research Project Title]. [Group Supervision – if applicable], [Non-thesis Project – if applicable]. Awards: [Supervisee’s Awards Attained]. Supervisor(s): [Supervisor(s)]. Collaborator(s): [Collaborators]. Completed [year student completed degree - if applicable]

Undergraduate Education

Graduate Education

Undergraduate MD

Postgraduate MD

Continuing Education

Faculty Development

[First Name LAST NAME]

Patient and Public Education

Postdoctoral Research Fellow (PhD)

Research Associate

Clinical Research Fellow (MD)

Other

2. OTHER SUPERVISION

Multilevel Education

Secondary Supervisor

[Presented in reverse chronological order]

[Start – End Dates] **[Year/Stage]**. [Supervisee Name], [Graduate Unit], [Collaborative Program]. Supervisee Position: [Supervisee Position], Supervisee Institution: [Supervisee Institution]. *[Research Project Title]*. *[Group Supervision – if applicable]*, *[Non-thesis Project – if applicable]*. Awards: [Supervisee’s Awards Attained]. Supervisor(s): [Supervisor(s)]. Collaborator(s): [Collaborators]. Completed [year student completed degree - *if applicable*]

Thesis Committee Member

Thesis Examiner

Qualifying/Reclass Examiner

Other

Undergraduate Education

Graduate Education

Undergraduate MD

Postgraduate MD

[First Name LAST NAME]

Continuing Education

Faculty Development

Patient and Public Education

Postdoctoral Research Fellow (PhD)

Research Associate

Clinical Research Fellow (MD)

Other

J. Creative Professional Activities

1. PROFESSIONAL INNOVATION AND CREATIVE EXCELLENCE

[Presented in reverse chronological order]

[Start – End Dates]	[Title],
	[Description]
	[Impact]

2. CONTRIBUTIONS TO THE DEVELOPMENT OF PROFESSIONAL PRACTICES

3. EXEMPLARY PROFESSIONAL PRACTICE

