### Promotion Candidate Information Form

Department of Medicine

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| **Candidate Name:** |  | | |
| **Current Rank:** |  | | |
| **Proposed Rank:** |  | | |
| **Start Date of Current Rank:** |  | | |
|  | | | |
| **Primary Department:** | Medicine | | |
| **Type of**  **Appointment:** | Clinical (MD) Full-time  Clinical (MD) Part-time  Clinical (MD) Adjunct  Status Only  Other |  |  |
|  |  | **Appointment Date** (D/M/Y)**:** |  |
| **Cross-Appointment(s):** *(where applicable)* |  | | |
| **Graduate Appointment(s):** | IMS  IHPME  Other: | | |
| **Primary Hospital:** |  | | |
| **Research Institute:** *(where applicable)* |  | | |
| **University Division** |  | | |
|  | | | |
| **Basis for Promotion** (check one) | Excellence in CPA  Excellence in Research  Sustained Excellence in Teaching | | |