**THREE-YEAR REVIEW (STATUS ONLY)**

**HOSPITAL CHIEF AND DIVISION DIRECTOR (if applicable)**
 **RECOMMENDATION TO LMP CHAIR**

|  |  |
| --- | --- |
| **Candidate’s Name:** |  |
| **Hospital:** |  |

1. **Assessment of the candidate’s performance since initial appointment (Did the candidate meet the expectations of the original position description?)**
2. **Clinical Activities**
3. **Research, if applicable**
4. **Creative Professional Activity, if applicable**
5. **Comment on the candidate’s teaching effectiveness.**
6. **Comment on the candidate’s professionalism, including feedback from the interprofessional team.**
7. **Comment on the candidate’s citizenship in your department, LMP and U of T.**
8. **Recommendation of candidate’s status. Please select one:**

[ ] Approve candidate to continue academic appointment

[ ] Approve candidate to continue academic appointment with new Academic Position Description

[ ] Extend probation by 1 year

[ ] Extend probation by 1 year with new Academic Position Description

[ ] Extend probation by 2 years

[ ] Terminate the appointment (*Please contact LMP Dept Chair prior to submitting your report*.)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Hospital Chief Signature** |  | **Division Director Signature, if applicable** |
| **Print Name:** |  | **Print Name:** |
| **Date:** |  | **Date:** |