

**CONTINUING APPOINTMENT REVIEW**

**STATUS-ONLY CANDIDATE SELF-REFLECTION**

|  |  |
| --- | --- |
| **Name:** |  |
| **Organization:** |  |

This document is intended to be a reflection of your accomplishments since your appointment in the Department of Laboratory Medicine & Pathobiology (LMP) and a statement on your future academic goals. Your self-assessment should not be more than 10 pages.

1. **Please complete the following:**

|  |  |
| --- | --- |
| **Position Description:** |  |
| **% Time for:** | **Original %**  | **Actual %** |
| **Clinical Activities** |  |  |
| **Research/ Creative Professional Activity** |  |  |
| **Teaching** |  |  |
| **Administration** |  |  |

1. **Indicate any career interruptions (e.g. parental leave, medical leave, etc.) since your appointment.**
2. **Since your appointment, describe your academic accomplishments in each of the following areas:**

Please keep the following questions in mind in writing your statement:

* Did you accomplish your goals as set out in your 3-year plan?
* What is the impact of your accomplishments?
1. **Clinical Activities**
2. **Creative Professional Activity(s), if applicable**
3. **Research activities, if applicable**
4. **Teaching**
5. **How have you been involved in hospital departmental and/or University of Toronto activities? Please list them and describe your role.**
6. **What would you consider your most significant academic accomplishment(s) since your appointment and why?**
7. **Are there opportunities to strengthen, modify or expand your academic plan? Please discuss.**
8. **Describe your academic goals for the next five years.**
9. **For faculty appointed at the rank of Lecturer or Assistant Professor, describe how often you met with your mentor?**
10. **For faculty appointed at the rank of Associate Professor or Full Professor, list any faculty you are mentoring and any trainees who are NOT under your primary supervision or where you are NOT part of their graduate advisory committees.** For example, list mentees if you are participating in the Faculty of Medicine’s Diversity Mentorship Program or departmental mentorship programs, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** **of Faculty or Trainee** | **Indicate if** **Faculty or Trainee** | **Duration of Mentorship****(x to x)** | **Frequency of Meetings****(monthly /annual)** | **Area of Mentorship (i.e. research, teaching, advocacy, CPA, work life/wellness, etc.)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Declaration of Conflict of Interest**

The Departmental Appointments /Promotions Committee (DAC /DPC) will review your dossier. You must review the [LMP DAC /DPC Membership List](http://www.lmp.utoronto.ca/faculty/academic-appointments) and declare any potential, perceived, or actual conflict of interest with any of the committee members, LMP Chair, or your Hospital Chief, Division Director (if applicable).

[University of Toronto Resource on Conflict of Interest & Close Personal Relations](https://www.provost.utoronto.ca/planning-policy/conflict-of-interest-close-personal-relations/)

If you are unsure whether there is a conflict, please state your concerns in the comments section below. If you have a conflict to declare or are unsure whether there is a conflict, the Chair, or the Dean, as appropriate, will work with you to determine if there is a conflict and manage it appropriately.

**Do you wish to declare any perceived conflict of interest** with any of the DAC /DPC members, LMP Chair, or your Hospital Chief, Division Director? [ ]  **Yes** [ ]  **No**

|  |  |
| --- | --- |
| **Comments:** |  |

1. **Names of three colleagues (excluding your Hospital Chief and Department Director) who can comment on your scholarly work.**

|  |  |
| --- | --- |
| **Colleague #1:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Colleague #2:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Colleague #3:** |  |
| **Email:** |  |

1. **Names of three trainees who can provide testimonials about your teaching effectiveness.**

|  |  |
| --- | --- |
| **Trainee #1:** |  |
| **Position during training (e.g. grad student clinical fellow, resident, etc.):** |  |
| **Current Position/ Title:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Trainee #2:** |  |
| **Position during training (e.g. grad student, clinical fellow, resident, etc.):** |  |
| **Current Position/ Title:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| **Trainee #3:** |  |
| **Position during training (e.g. grad student, clinical fellow, resident, etc.):** |  |
| **Current Position/ Title:** |  |
| **Email:** |  |