



Supervisor/Employer Support Form

This is to be completed by the Supervisor/Employer where the applicant works, or if more appropriate by the UBC Academic Program Director with the required expertise to assess the application package and comment on the applicant's suitability for appointment within that program.

NAME OF APPLICANT: _____

Name of person completing this form: _____

Position: _____

Application for initial appointment as:

- **Clinical Instructor** please complete **Questions 1-3 (mandatory)**
- **Clinical Assistant Professor / Clinical Associate Professor / Clinical Professor**, please complete all questions or provide a letter

Please check here if you would like to provide a letter of support instead of completing this form.

1. I confirm that the applicant is a physiotherapist/professional in good standing at _____ and I support the involvement of the above-named applicant in the _____ program.

2. **Clinical Excellence:** How has the applicant demonstrated competence in clinical practice and a willingness to relate his/her practice to teaching? If the applicant is not a clinician, please indicate how the applicant's skills are relevant and expected to benefit the Clinical Faculty and/or Department.

3. **Teaching:** How has the applicant demonstrated an interest in, and a promising beginning to, teaching?



4. **Educational Activities:** How has the applicant demonstrated capability, with formal assessment, as a teacher? How has he/she demonstrated an effort to present clear and useful teaching sessions? How has the applicant demonstrated skills as an enthusiastic and effective leader in the educational program? How has the applicant demonstrated competence in clinical practice and a willingness to relate his/her practice to teaching? Please provide examples of using innovative and constructive teaching methods and demonstrated ability to communicate well with learners.

5. **Clinical, Academic, and/or Community Leadership and Service:** How has the applicant made significant contributions to his or her hospital/agency/professional organization (national or international), i.e., demonstrated distinguished administration, service activities, leadership, etc.)? Any other evidence of leadership?

6. **Scholarly Activity:** Although not required, has the candidate participated in this area through things such as influence and/or impact on professional practice or education, presentations, publications, research grants, etc.? If so, please provide an example/examples of how the candidate has participated in scholarly activities.

7. **Any additional comments/concerns:**

For further information, reach me at:

Email: _____ Phone: _____

Signature: _____ Date: _____