



## Clinical Educator Status Appointment Application

In accordance with the process for the status appointment of Clinical Educators, please complete and submit this application to the Clinical Education Office at Michener [clinicaleducation@michener.ca](mailto:clinicaleducation@michener.ca).

### PART I - CLINICAL EDUCATOR INFORMATION

Prefix: \_\_\_\_\_ Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Professional Certification(s): \_\_\_\_\_

Michener Program: \_\_\_\_\_ Number of Years Teaching: \_\_\_\_\_

### PART II - ACKNOWLEDGMENT

I recognize and agree to fulfil the responsibilities required by the status-only appointment as Clinical Educator:

- Excellence in clinical instruction
- Evaluation by students
- Adherence to clinical course outlines
- Commitment to professional development in interprofessional education
- Direct contribution to the clinical student's attainment of clinical competencies, as identified by the Clinical Coordinator
- Completion of an Annual Progress Report to maintain the status appointment as Clinical Educator

I grant permission to have my name and photograph published in future Michener publications and on Michener's website.  Yes  No

Clinical Educator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As validated by my signature below, I support this application and believe that this individual possess the appropriate knowledge and skills for the required administrative and coordination functions.

Clinical Coordinator / Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_