



Clinical Coordinator Status Appointment Application

In accordance with the process for the status appointment of Clinical Coordinators, please complete and submit this application to the Clinical Education Office at Michener clinicaleducation@michener.ca.

PART I - CLINICAL COORDINATOR INFORMATION

Prefix: _____ Name: _____

Clinical Site: _____

Position: _____ Department: _____

E-Mail Address: _____

Phone Number: _____ Fax Number: _____

Professional Certification(s): _____

Date of Original Appointment: _____

PART II - ACKNOWLEDGMENT

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

- **Administration and coordination of the student's clinical education**
- Liaison with Michener for the placement of clinical students
- Direct communication link between the clinical site at the department level and the Clinical Education Office and clinical liaison officer at Michener
- Overall supervision of the education and evaluation of clinical student(s)
- **Direct accountability for the clinical student's** overall attainment of all clinical competencies
- Annual identification of staff members assigned to be clinical educators
- Completion of an Annual Progress Report to maintain the status appointment as Clinical Coordinator

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

Clinical Coordinator 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.

Manager / Supervisor Signature: _____ Date: _____