



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): _____
Michener Program: _____
Date of Original Appointment: _____

PART II – ACKNOWLEDGEMENT

I recognize and agree to fulfill 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 program 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 Website. Yes No

Clinical Coordinator Signature: _____ Date: _____

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

Manager / Supervisor Signature: _____ Date: _____