

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).

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 – ACKNOWLEDGEMENT

I recognize and agree to fulfill 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 the Michener Website. Yes No

Clinical Educator 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 technical and teaching functions

Clinical Coordinator / Supervisor Signature: _____ Date: _____