



DALHOUSIE
UNIVERSITY

SCHOOL OF
OCCUPATIONAL
THERAPY

School of Occupational Therapy
Dalhousie University
Updated August 2022

Academic or Professional Adjunct Professor Application

Last Name _____ First Name _____ Initial _____

Primary affiliation (university/workplace) _____

Primary affiliation website, if applicable _____

If you would like your supervisor/manager/employer to be informed of a successful information,
please include their name and contact information: _____

Contact Information

Mailing Address _____

_____ Postal Code _____

Phone _____ E-Mail _____

Information required for Dalhousie Identification Number (Banner ID)

Social Insurance Number _____

Birthdate _____

Academic and/or Professional Background

Occupational Therapy Degree and year of graduation (if applicable)

Other Academic Degree(s) (if applicable)

Note: An Adjunct Appointee (Academic) applicant must hold at least a Master's degree.

School of Occupational Therapy • Room 215, 5869 University Avenue • Halifax, NS B3H 3J5 Canada
Tel: 902.494.8804 • Fax: 902.494.1229 • Email: occupational.therapy@dal.ca • www.occtherapy.dal.ca

The School's mission is to educate exceptional occupational therapists and to build knowledge
about occupation and occupational therapy, serving Atlantic Canada and beyond.

Other Education, Background, Expertise (e.g., academic research interests, practice interests, populations of interest)

Are you applying for an Academic or Professional Adjunct position?

- Adjunct Appointee (**Academic**) appointment
- Adjunct Appointees (**Professional**) appointment

Describe your past and ongoing contributions and collaborations with the School

Please indicate the contributions you intend to make during your appointment

Please tick the boxes that apply and provide elaboration in your letter of interest.

Plans	Potential Contributions
<input type="checkbox"/>	Research student advising; thesis committee work Note: To supervise graduate students, an application must be submitted for Adjunct Appointment with the Faculty of Graduate Studies. Please discuss this process with the student supervisor.
<input type="checkbox"/>	Research collaboration(s) with faculty in the School
<input type="checkbox"/>	Teaching in courses or lectures
<input type="checkbox"/>	Provincial Fieldwork Education Coordinator or Liaison with the School
<input type="checkbox"/>	Fieldwork education preceptor with the School
<input type="checkbox"/>	Support classroom education (e.g., tutor, teaching assistant, OSCE facilitation)
<input type="checkbox"/>	Other

Please check **ONE** box about consent below.

- I do not consent to have both my name and summary plan included in orientation and/or information materials for new students or faculty
- I do consent to having my name listed on School information materials. But, I do not consent to having my summary plan included on School materials
- I do consent to having my name and summary plan included in orientation and/or information materials for new students or faculty.

Signed commitment to making contributions as an Adjunct Professor:

I understand that an Adjunct Professor Appointment requires me to contribute in **at least 1 method** from the 'potential contributions' list above, or another substantial contribution.

I understand that renewal will involve completion of a renewal application and confirmation of contributions during the previous appointment. Renewal is not automatic and I be may required to self-report my contributions to the Director for consideration of renewal.

Signature _____ **Date:** _____

Submit to:

Director, School of Occupational Therapy

e-mail: Occupational.therapy@dal.ca (Attention re Adjunct Appointment)

fax: 902-494-1229 (Attention re Adjunct Appointment)

mail: School of Occupational Therapy (Attention re Adjunct Appointment)
PO Box 15000
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