

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 \_\_\_\_\_

**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)

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Other Academic Degree(s) (if applicable)

**Note:** An Adjunct Appointee (Academic) applicant must hold at least a Masters degree.

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

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**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**

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**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
	Research student advising; thesis committee work  <b>Note:</b> 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.
	Research collaboration(s) with faculty in the School
	Teaching in courses or lectures
	Provincial Fieldwork Education Coordinator or Liaison with the School
	Fieldwork education preceptor with the School
	Support classroom education (e.g., tutor, teaching assistant, OSCE facilitation)
	Other

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

- I consent to having my name and appointment information listed on School information materials.
- I do not consent to having my name and appointment information listed on School information materials.

**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](mailto: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)  
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