

**Application for Adjunct Appointment,
School of Nursing, Dalhousie University**



Appointments are made for 3-5 years, with a July 1 start. Please return the completed form to the Director, School of Nursing, via email or mail and provide a letter of interest and current CV.

NAME (FIRST,MIDDLE,LAST):	
THIS REQUEST FOR ADJUNCT APPOINTMENT IS FOR: <input type="checkbox"/> NEW APPOINTMENT <input type="checkbox"/> RENEWAL	
NAMES OF DALHOUSIE UNIVERSITY SCHOOL OF NURSING FACULTY WITH WHOM YOU CURRENTLY COLLABORATE &/OR WORK:	
TYPE OF CONTRIBUTION(S) YOU ARE INTERESTED IN MAKING TO THE SCHOOL OF NURSING (PLEASE CHECK ALL THAT APPLY)	
TEACHING	RESEARCH
<input type="checkbox"/> Guest lecturing <input type="checkbox"/> in BScN Program <input type="checkbox"/> in Masters Program(s) <input type="checkbox"/> in PhD Program <input type="checkbox"/> Teaching or co-teaching course <input type="checkbox"/> in BScN Program <input type="checkbox"/> in Masters Program(s) <input type="checkbox"/> in PhD Program <input type="checkbox"/> Course development <input type="checkbox"/> Clinical precepting <input type="checkbox"/> of undergraduate students <input type="checkbox"/> of graduate students <input type="checkbox"/> Facilitating innovative clinical placements <input type="checkbox"/> Consulting in curriculum development	<input type="checkbox"/> Working collaboratively with School faculty to develop a research question I have for study. <input type="checkbox"/> Engaging with a School of Nursing student to help on a project of mine. <input type="checkbox"/> Liasing regarding academic-practice research opportunities <input type="checkbox"/> Being a member of a research team <input type="checkbox"/> Providing assistance in procuring research grant funding <input type="checkbox"/> Providing consultation regarding research design and/or data analysis <input type="checkbox"/> Membership on graduate student thesis committees
<input type="checkbox"/> OTHER (PLEASE INDICATE, E.G., BUILDING LEADERSHIP CAPACITY)	
CONTRIBUTIONS TO EDUCATION AND PRACTICE:	
<input type="checkbox"/> PAST PARTICIPATION DURING MOST RECENT ADJUNCT APPOINTMENT WITH THE SCHOOL (FOR RENEWAL APPLICATIONS ONLY):	
BACKGROUND OF APPLICANT	
CURRENT POSITION TITLE:	
EMPLOYER:	
ALL DEGREES (WITH UNIVERSITIES):	
CURRENT RN LICENSE NUMBER(S) & PROVINCES:	
<input type="checkbox"/> NOT APPLICABLE	
NUMBER OF PUBLICATIONS:	

NUMBER OF FUNDED RESEARCH PROJECTS:
NUMBER OF CONFERENCE PRESENTATIONS:
OTHER:
AREA OF EXPERTISE/RESEARCH INTERESTS (LIMIT 50 WORDS. ALSO PLEASE <u>UNDERLINE</u> UP TO 5-10 WORDS ABOUT YOUR EXPERTISE FOR INCLUSION ON THE SCHOOL WEBSITE):
<i>I DO NOT GIVE PERMISSION TO HAVE MY NAME, AFFILIATION, AREA OF EXPERTISE AND EMAIL ADDRESS POSTED ON THE SCHOOL OF NURSING WEBSITE:</i> <input type="checkbox"/>

APPLICANT CONTACT INFORMATION
EMAIL ADDRESS:
HOME TELEPHONE:
WORK TELEPHONE:
MAILING ADDRESS:

EMPLOYER DETAILS
EMPLOYER:
FULL NAME & TITLE OF IMMEDIATE SUPERVISOR:
IMMEDIATE SUPERVISOR EMAIL:

FOR SCHOOL OF NURSING COMPLETION ONLY!

SCHOOL OF NURSING APPROVAL		
LENGTH OF APPOINTMENT: <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 5 YEARS OTHER _____		
CHAIR, APPOINTMENTS, REAPPOINTMENTS, TENURE & PROMOTION COMMITTEE		
NAME:	SIGNATURE:	DATE:
DIRECTOR		
NAME:	SIGNATURE:	DATE:
SUBMITTED TO DEAN, FACULTY OF HEALTH PROFESSIONS:		DATE:

Adapted from Application for Faculty of Graduate Studies Adjunct (FGS) Membership (Aug 2013)
 Adjunct Appointment Template - Approved SON Council, May 20, 2014
 Revisions pgs. 1 and 2, Approved SON Council, March 28, 2016