

DEPARTMENT OF FAMILY MEDICINE

Nil-Salaried Appointment Form

INSTRUCTIONS - This form is a fillable PDF, type directly onto the form. Once you have completed all sections, click the SUBMIT FORM at the end of the document. **REQUIRED FIELDS IN RED**

The Nil Salaried Appointment (NSA) contract lasts for five (5) years unless other arrangements have been made. Questions? Contact dfmfaculty@umanitoba.ca

Section 1 - PRECEPTOR INFORMATION

| | | | |
|----------------|-------------|--------------------------|-------------|
| SALUTATION | FIRST NAME | MIDDLE NAME | LAST NAME |
| STREET ADDRESS | UNIT NUMBER | CITY/PROVINCE | POSTAL CODE |
| EMAIL ADDRESS | PHONE | DATE OF BIRTH YYYY/MM/DD | GENDER |

ARE YOU A CANADIAN CITIZEN?

IF NO, ARE YOU DOING ANY WORK IN CANADA?

**If YES please visit the IRCC website [IRCC website](#)*

CLINICAL SITE INFORMATION (for the site where you will precept learners)

CLINICAL SITE NAME

| | | |
|----------------|---------------|-------------|
| STREET ADDRESS | CITY/PROVINCE | POSTAL CODE |
|----------------|---------------|-------------|

PREFERRED MAILING ADDRESS:

PROFESSIONAL QUALIFICATIONS (check all that apply)

| | | | |
|---------|------------------------------|-----|--------|
| BN | MPAS | PHD | OTHER: |
| BSW | MD | RD | |
| CCFP | Masters (other than MPAS) | RN | |
| D PHARM | | | |

WHAT IS YOUR CURRENT SCOPE OF PRACTICE:

DO YOU CURRENTLY HOLD A LEADERSHIP POSITION WITH THE DEPARTMENT OF FAMILY MEDICINE?

IF YES, PLEASE DESCRIBE:

Section 2 - APPOINTMENT INFORMATION

Please choose one:

RENEWAL - select if your current appointment is active, or within 1 month of expiry date

NEW - select if this is your first appointment, or if current appointment is over 1 month expired

Section 2 - continued

APPOINTMENT STREAM - please choose one:

CLINICAL - MD or other health professional qualifications (such as MPAS) who are focused on teaching in the clinical setting and classroom.
 RANK: Clinical Teacher, Senior Clinical Teacher

INSTRUCTOR - Master's degree or equivalent relevant degree or experience and who are engaged to teaching and service.
 RANK: Instructor I, Instructor II, Senior Instructor

PROFESSORIAL - MD or PhD or equivalent relevant professional degree or experience and demonstrated commitment to education and scholarship. These would include faculty, who in addition to teaching engage in research/scholarly activity and/or academic leadership.
 RANK: Lecturer, Assistant Professor, Associate Professor, Full Professor

RESEARCH - PhD or equivalent qualifications and experience who are engaged primarily in research.
 RANK: Research Affiliate, Professional Affiliate

Section 3 - APPOINTMENT INTERACTION - please check all that apply

Do you have any previous experience in the following:

Clinical Teaching Classroom Teaching Mentorship (outside of Research)

Yes, I am interested in receiving more information about a salaried, academic leadership position with the department.

Yes, I am interested in receiving more information about Family Medicine Research.

Yes I am interested in Quality Improvement initiatives and projects.

Have you participated in any of the following QI or research activities in the past five (5) years?

| | |
|---|--|
| Peer reviewed manuscripts and/or research proposals | Supervised an undergrad student project (e.g., B.Sc. Med or other) |
| Applied for a research grant or award | Published in a peer-reviewed academic journal. If yes, were you: |
| Presented research or QI findings (oral or poster) | Lead author |
| Served as a mentor to other faculty | Co-author |
| | Contributor |

Section 4 - ABBREVIATED CV

Complete Section 4, or include your own CV when you submit this form to dfmfaculty@umanitoba.ca

DEGREE ATTAINED INSTITUTION YEAR

OTHER EDUCATION & TRAINING YEAR

PROFESSIONAL EXPERIENCE TO DATE YEAR

MEMBERSHIPS & AFFILIATIONS YEAR

AWARDS YEAR

COMMITTEES YEAR

RESEARCH INVOLVEMENT

Section 4 - ABBREVIATED CV CONTINUED

OTHER RELEVANT CV INFORMATION (i.e. special skills or training not listed above):

Section 5 - PAYMENT INFORMATION

Based on potential teaching activities, you may be entitled to a small stipend during your NSA contract. This payment is intended to acknowledge the invaluable time invested with the learner that is not otherwise remunerated.

Please choose **ONE** of the following:

Payments are payable to **Individual** - S.I.N. required for taxation documentation:

Payments are payable to the Medical Corporation indicated below:

MEDICAL CORPORATION NAME

BUSINESS NUMBER

GST/HST REGISTRATION NUMBER

STREET ADDRESS

CITY/PROVINCE

POSTAL CODE

PRIMARY CONTACT (if different from yourself)

CONTACT'S PHONE

CONTACT'S EMAIL ADDRESS

TAX COLLECTION

If requesting your payment be made to a medical corporation, please provide additional information regarding tax collection. Per the CRA, precepting is a service on which GST should be applied.

If you selected NO, please indicate your reason:

Please direct all questions regarding payment to dfmfinance@umanitoba.ca

CHECKLIST

Completed section 1, Preceptor Information

Completed section 2, Appointment Information

Completed section 3, Appointment Interaction

Completed section 4, Abbreviated CV

OR Attach CV to email when submitting form

Completed section 5, Payment Information

ACKNOWLEDGEMENT

1. All information submitted is current and correct.
2. I will contact the department at dfmfaculty@umanitoba.ca as needed to update my contact information.
3. I will ensure that my precepting services meet the applicable objectives and standards of the Family Medicine program as communicated to me by the department.
4. I will provide prompt and comprehensive assessments/evaluations for all learners at the end of each rotation, following applicable Department and College policies.
5. To meet precepting requirements of the University of Manitoba, I have and will maintain a valid license from the appropriate governing body of my professional qualification.
6. I understand that the university is not responsible for any clinical expenses related to precepting and the learner's clinical experience, unless agreed to prior to the expense being incurred. Similarly, I am not responsible for any educational expenses related to the learner, such as travel for CME, certification course costs, and accommodation costs.

Signature

Date YYYY/MM/DD

PRIVACY NOTICE - Your personal information is being collected under the authority of the University of Manitoba Act. The information you provide will be used by the University for the purpose of maintaining a record of personnel through the University Human Resources Information System and other systems, to confirm employment status for the provision of university computer accounts, and to assist in advancement efforts with External Relations. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Personal Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

DEPT OF FAMILY MEDICINE CONTACT:

Coordinator, Administrative Services
Family Medicine, Max Rady College of Medicine
Rady Faculty of Health Sciences, University of Manitoba
S210-750 Bannatyne Ave.
Winnipeg, Manitoba R3E 0W2
dfmfaculty@umanitoba.ca