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| **University of British Columbia** |
| **Faculty of Medicine *ABBREVIATED* Activity Report SPPH for 20[XX] Calendar Year** |

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| **Date:** |  |
| **Signature (e-sig):** |  |

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| **1.** | **SURNAME:** | | **FIRST NAME:** |
| **MIDDLE NAME(S):** |
| **2.** | **DEPARTMENT/SCHOOL:** | **School of Population & Public Health** | |
| **3.** | **FACULTY:** | **Faculty of Medicine** | |
| **4.** | **CURRENT AFFILIATIONS:** | Health Authority: |  |
|  |  | Agency / Centre: |  |
|  |  | Hospital / Department: |  |
|  |  | Other: |  |
| **5.** | **CURRENT RANK:** | | **SINCE:** |
| **6.** | **BEST EMAIL:** | | |

1. **N/A**
2. **PROFESSIONAL QUALIFICATIONS** *(e.g., CPSBC, FRCPC, CCFP, etc.)*
3. **Current**

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| **College or Association** | **Title or Designation** | **Dates** |
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1. **EMPLOYMENT AND/OR PRIVILEGES RECORD**
2. **N/A**
3. **Present**

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| --- | --- | --- |
| **University, Hospital or Organization** | **Rank, Title, Description** | **Dates** |
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1. **LEAVES OF ABSENCE**

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| **University, Hospital or Organization** | **Type of Leave** | **Dates** |
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1. **ADDITIONAL STUDIES / EDUCATION**
2. **Antiracism, Equity, Diversity and Inclusion**

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| **University, Institution, Association** | **Degree/Cert** | **Detail** | **Dates** |
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**Have you completed a Cultural Safety and/or Decolonization or other course specific to issues faced by Indigenous persons in Canada in the last 5 years? YES/NO**

**Please list if not already listed above:**

1. **Continuing Professional Development** *(attach RCPSC, CFPC, etc. CPD transcript or list below)*

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| **University, Institution, Association** | **Type** | **Detail** | **Dates** |
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1. **Other Studies**

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| **University, Institution, Association** | **Type** | **Detail** | **Dates** |
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1. **TEACHING**
2. **Areas of special interest and accomplishments**
3. **Teaching of Medical Students**

***Scheduled Activities***

***Unscheduled Activities***

**(c) Teaching of Residents**

***Scheduled Activities***

***Unscheduled Activities***

1. **Graduate Students Supervised**
2. **Courses or Seminars** *(list dates, class sizes)*
3. **Continuing Professional Development** *(list dates, lectures, workshops)*
4. **Other Teaching Activities** *(Includes non-UBC teaching)*
5. **SCHOLARLY AND PROFESSIONAL ACTIVITIES**

**(a) Areas of special interest and accomplishments**

**(b) Research or equivalent grants** *(indicate whether grants were obtained competitively (C) or non-competitively (NC))*

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| **Agency** | **Subject** | **C/NC** | **$ per Y** | **Years** | **PI** | **Co-Is** |
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1. **Other academic contracts**
2. **SERVICE TO THE UNIVERSITY**
3. **Memberships on committees, including offices held and dates**

**(b) Other service to the University, including dates**

1. **SERVICE TO THE HOSPITAL, AGENCY, OR HEALTH AUTHORITY**
2. **Memberships on committees, including offices held and dates**

**(b) Other Service to the Hospital, including dates**

1. **SERVICE TO THE COMMUNITY**
2. **Memberships in professional and/or scholarly societies, including offices held and dates**
3. **Other Service to the Community, including dates**
4. **AWARDS AND DISTINCTIONS** *(Indicate whether award is for Teaching, Scholarship, Service or Other. Indicate name of award, awarding organization, date)*
5. **OTHER RELEVANT INFORMATION** *(Maximum One Page)*

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| **University of British Columbia** | | | |
| **Publications Record** | | | |
| **SURNAME:** | **FIRST NAME:** |  |
| **MIDDLE NAME(S):** |  |

1. **PUBLICATIONS** *(Indicate whether Refereed or Non-Refereed Publication or Book. Indicate whether Journal Article, Conference Proceeding or Other)* **Please number publications.**