



Group Teaching Declaration Form

We hereby agree that our shared teaching contributions within the **MD Undergraduate Program** will be tracked by UBC Faculty of Medicine as a group as detailed below.

This declaration is valid beginning _____, and

ending on _____

until cancelled in writing to the appropriate department/site.

Please provide group details, such as department, unit/site, and whether this arrangement applies to teaching with patient care only or all types of teaching:

Primary Contact Name:

Primary Contact Email:

Primary Contact Phone:

We acknowledge and understand that:

- All teachers, regardless of their appointment type (e.g. clinical faculty, full-time faculty, adjunct) or eligibility for additional compensation by UBC, will have their teaching contributions tracked individually. The unit allocation, as outlined in the [Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Post graduate Programs](#), applies for all appointment types and will be split by the participants of the group. Those eligible for payment will be compensated for their portion of the unit(s) / session(s) delivered.
- This declaration does not detail payment instructions. Teachers should contact their department/site for information regarding payment instructions.
- The units, hours, and/or sessions tracked in TTPS as a result of this arrangement act as a record of teaching. This record may be used for other administrative functions, such as promotion.

The obligation of the group is to:

- Indicate how teaching should be split amongst group members.
- Notify UBC department in writing of any changes to group participants or allocation of percentage of teaching contribution.

Signature Page

First Name, Last Name (please print)	UBC Appointment Type	Signature	Date	% of Teaching Contribution