Application to the

**Clinician Investigator Program (CIP)**

*Faculty of Medicine, University of Ottawa*

Send complete application to:

Clinician Investigator Program

c/o Dr. Paul MacPherson, Program Director

TOH – General Campus

501 Smyth Rd, Room FF39, Box 223

Ottawa, ON K1H 8L6

Phone: (613) 737-8899 x 73917

Fax: (613) 737-8164

Inquiries: Contact Dr. Elliott Faller, CIP Coordinator, efaller@ohri.ca

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  |  |  |
| Program: |  |  |  |
|  home: |  |  work: |  |
| E-mail address: |  |  |  |
| Mailing address: | Address / apt. / street | ON  City/province | Postal code |

**SUPERVISOR INFORMATION**

Name of Research Supervisor:

Graduate Program of Supervisor:

Department of Supervisor:

Supervisor E-mail: Supervisor Phone:

Clinical Program: Current PGY level:

Clinical Program Director:

Program Director E-mail: Program Director Phone:

**PROPOSED RESEARCH PROGRAM FORMAT**

Graduate School Pathway: M.Sc. Pd.D.

Post Graduate Pathway

**RESEARCH / EDUCATION PLAN**

*CIP applicants are expected to spend a minimum of two years engaged in full-time study in a research program leading to a M.Sc. or Ph.D. degree.*

Expected completion date of clinical training (residency): / /

YY MM DD

What is the status of your enrolment in a graduate studies program? (Please check one ):

Have applied to graduate program(s) (specify program)

Have been accepted into graduate program (specify program)

Enrolled in graduate program (specify program)

Project Title:

Start date of Clinical Investigator Program: / /

YY MM DD

End date of Clinical Investigator Program: / /

YY MM DD

**FUNDING**

**YEAR1:**

*CIP will cover 0.5 of the resident stipend.*

*Please clearly indicate the intended sources of funding for the remaining 0.5 annually for the duration of enrollment in the CIP.*

Agency/Department:

Funding confirmed: yes no Amount: $

**YEAR 2:**

Agency/Department:

Funding confirmed: yes no Amount: $

**YEAR 3 (if applicable):**

Agency/Department:

Funding confirmed: yes no Amount: $

**YEAR 4 (if applicable):**

Agency/Department:

Funding confirmed: yes no Amount: $

**SUPPORTING DOCUMENTATION**

**You must including the following documents with your application:**

• Structured research proposal of your research project (maximum 2 pages, double spacing)

• Letter of support from M.Sc./Ph.D. supervisor (current or proposed)

* Letter of support from a previous research supervisor or a faculty member who can speak to your potential in research

• Letter of Support from current Residency Program Director for enrolment in the Clinician

Investigator Program and confirmation of sources of funding to pursue entire CIP program

• Proof of acceptance to Graduate Program (if already accepted)

• Curriculum vitae (including list of publications)

• Copies of publications (abstracts, journals)