

UNIVERSITY OF BRITISH COLUMBIA
FACULTY OF MEDICINE
POSTGRADUATE MEDICAL EDUCATION
CLINICIAN INVESTIGATOR PROGRAM

TRAINING MODULE APPLICATION FORM

CANDIDATE INFORMATION:

Last Name

First Name

Initials

Email

Cellphone no:

Funding Requirement

One (1) year

Two (2) years

Department/Residency Program/Specialty

Date of entry into residency program and current PG year

Program Director

Email

PRIMARY RESEARCH SUPERVISOR'S INFORMATION:

Last Name

First Name

Initials

Email

Title

Department

Institution

Areas of Research

Specialty and sub-specialty

RESEARCH SUPERVISOR 2'S INFORMATION:

Last Name

First Name

Initials

Email

Title

Department

Institution

Areas of Research

Specialty and sub-specialty

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DEGREE(S) COMPLETED:

Degree Type

Degree Name

Institution

Date Completed

DEGREE(S) COMPLETED:

Degree Type

Degree Name

Institution

Date Completed

DEGREE(S) SOUGHT: (If conducting Postdoctoral Training, please specify under Degree Type)

Degree Type

Degree Name

Institution

Start Date

Expected date of completion

LOCATION WHERE RESEARCH WILL BE CONDUCTED:

Institution/Organization

Faculty/School

Department/Division

PROJECT TITLE:

LAY TITLE OF RESEARCH (One line only):

ABSTRACT (Suitable for preparation of a press release, limited to 200 words including symbols and spaces):

DESCRIPTORS (Provide up to 10 keywords to describe this research project):

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TRAINING EXPECTATIONS/CAREER GOALS

Provide an overview describing how your research training or current training relates to the present proposal and elaborate on your career goals. Describe how the training you expect to acquire will contribute to your productivity and to the research goals you hope to achieve and how this additional training will enable you to establish yourself as an independent researcher. Indicate why you decided upon training and what you expect to learn from the training experience (one additional page may be added and numbered 3a).

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REASONS FOR SELECTION OF A NON-UBC TRAINING ENVIRONMENT:

Describe the unique aspects of the training environment that are not currently available in UBC. An additional page may be added and numbered 4a.

SPACE, FACILITIES, AND PERSONNEL SUPPORT:

Describe the space, facilities, and personnel support which will be available to the candidate. An additional page may be added and numbered 4a.

PERCENTAGE* OF TIME TO BE SPENT ON DIFFERENT ACTIVITIES:

Indicate below the percentage of time to be spent on different activities. Trainees are expected to spend at least 80% of their time in research training. Only 20% clinical work is allowed during the CIP training.

Research

Clinical work

Other (please specify)

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LIST OF PROPOSED SUPERVISORY COMMITTEE, AND ANY OTHER FACULTY OR SCIENTISTS WHO WILL BE INTEGRAL TO THE RESEARCH TEAM OR COLLABORATE WITH THE TEAM:
Include name, title, department, institution and email address.

SCHEDULE OF REGULAR MEETINGS WITH SUPERVISOR AND SUPERVISORY COMMITTEE:

PROJECTION OF NATIONAL OR INTERNATIONAL MEETINGS TO BE ATTENDED:

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PLEASE IDENTIFY TWO EXTERNAL FUNDING SOURCES TO WHICH YOU HAVE APPLIED OR ARE EXPECTED TO APPLY DURING YOUR CIP TRAINING:

SUMMARY OF OPERATING FUNDS OR RESEARCH SUPPORT OF SUPERVISOR (attach an additional page, if required):

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REFEREES:

The candidate is responsible for ensuring that an appropriate reference/assessment letter is completed (please see Appendix for details). Candidates must have two (2) referees and these include their residency program director and their most recent research supervisor (or someone they worked with closely in a research environment). A letter of support must also be submitted from the candidate's prospective research supervisor.

List the names below, whose assessment and support accompany this application.

Referee 1 (Name/Relationship to candidate)

Current position held

Department/Institution

Referee 2 (Name/Relationship to candidate)

Current position held

Department/Institution

Prospective Research Supervisor

Current position held

Department/Institution

SIGNATURES (E-signatures are acceptable. Electronic signatures are either in a jpeg file or an authorized Acrobat certified signature).

Candidate

Printed Name/Date

Primary Supervisor

Printed Name/Date

Program Director

Printed Name/Date

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PROPOSED TRAINING PROGRAM:

Research Project Title and Summary

This section consists of text to be attached and should be completed in collaboration with the proposed supervisor(s), signified and confirmed via his signature on page 7.

Attached documents may be prepared in the word processing software package of our choice.

Follow these guidelines in preparing the attached documents:

Header title left hand side:	Research Proposal
Header title right hand side:	Your name (last name, first name)
Header title center:	Title of your research proposal
Footer:	Insert page numbers 10, 10a, 10b, 10c, 10d and so on

Use font size 12, Times Roman, black ink. Six lines per inch (regular space). No condensed type or spacing allowed.

1" margins on each side.

Research Project Sections to be included:

- Introduction/Background
- Summary of the research project. Include the specific hypothesis of the research and describe the candidate's role on the project. This summary should be written in general scientific language. A maximum of three (3) to five (5) pages is allowed. Page limits exclude references, charts, graphs and timeline.

APPENDICES (Check the appropriate boxes):

NOTE: Referee assessments and/or letters should be addressed to the CIP Selection Committee and sent electronically to tessa.feuchuk@ubc.ca, CIP Program Manager by due date of November 1st. A hard copy is no longer required.

Completed Training Module Application Form

Applicant's CIHR formatted CV, completed and validated via Common CV. Draft copy is not acceptable.

Supervisor's CIHR formatted CV, completed and validated via Common CV. Draft copy is not acceptable.

Two (2) referee assessment and/or letters addressing the areas below:

- How long have you known the candidate?
- Describe the situation(s) in which you have had an opportunity to interact with the candidate. Maximum of one paragraph.
- Provide your perspective on the candidate's potential to become a highly productive, independent researcher. Maximum of one paragraph.

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- Describe the evidence that the candidate has demonstrated independence and capacity for critical thought. Related concepts include intellectual curiosity, inventiveness, analytical capacity and leadership. Maximum two paragraphs.
- Describe evidence that the candidate has demonstrated creative thinking. If they have had an opportunity to conduct research, please refer to their creativity in setting research goals, designing experiments, designing new methodologies, interpreting and presenting results in writing. Maximum of two paragraphs.
- Your view of the candidate's most significant contributions (indicate the candidate's most significant achievement to date). If the candidate has an opportunity to conduct research, you should describe their most significant contribution.

Letter of support from the candidate's prospective research supervisor.

A signed letter from the Department and Division Head indicating that the department will not offer the candidate job opportunities, which will disrupt the resident's ability to complete the CIP (see our website for letter template).

Submit one (1) PDF copy of the entire application documents by November 1st via email to the CIP Program Manager, Tessa.feuchuk@ubc.ca.