



## Confirmation of Support – MOH-CIP Salary Award

Date: \_\_\_\_\_

Name of CIP Applicant: \_\_\_\_\_

**Confirmation of support and protected time:**

With respect to the above-named applicant:

I confirm my support for the applicant’s admission to the University of Toronto Clinician Investigator Program (CIP) and to their respective graduate or scholarly program.

I confirm that the applicant will have a minimum of 80% protected research time for the duration of their time in CIP, in accordance with [CIP program requirements](#).

**Confirmation of funding:**

The funding commitment must match the resident’s PGY salary. The annual salary rate is outlined in the [2023-2026 PARO-CAHO Collective Agreement](#):

PGY	Effective July 1, 2024	Effective July 1, 2025
1	\$71,473.31	\$73,367.35
2	\$77,613.22	\$79,669.97
3	\$83,355.10	\$85,564.01
4	\$90,307.50	\$92,700.65
5	\$96,022.35	\$98,566.96
6	\$101,478.22	\$104,167.39
7	\$106,429.73	\$109,250.12
8	\$112,836.08	\$115,826.24
9	\$116,982.43	\$120,082.47

First year of CIP:     \$ \_\_\_\_\_

Source(s): \_\_\_\_\_

Second year of CIP:   \$ \_\_\_\_\_

Source(s): \_\_\_\_\_

<p><b><u>Program Director:</u></b> <i>Name (please print):</i></p>    <p><i>Signature:</i></p>	<p><b><u>Business Officer/Manager:</u></b> <i>Name (please print):</i></p>    <p><i>Signature:</i></p>	<p><b><u>Program Chair:</u></b> <i>Name (please print):</i></p>    <p><i>Signature:</i></p>
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