# Application to the Clinician Investigator Program (CIP) Temerty Faculty of Medicine, University of Toronto

Please fill out the <u>entire</u> application neatly and obtain ALL signatures, EXCEPT "Verification of Registration of CIP" and "Faculty Approval" on page 3.

Name:				
(Surname)		(First name)	Initial.	
Current address:				
Current Phone #:	Home		Work	
	Cell			
U of T E-mail address:				
UTORid:				
U of T Student # (if applic	cable):			
Permanent mailing addre	255:			
Permanent Phone #: H	ome		Work	

# <u>Deadlines</u> January 14, 2025 for MOH-CIP Funding Competition and Applications (for July 1, 2025 Enrolment)

May 1<sup>st</sup>, 2025 for Non-MOH-CIP Applications for *July* 1, 2025 Enrolment November 1<sup>st</sup>, 2024 for Non-MOH-CIP Applications for *January* 1<sup>st</sup>, 2025 Enrolment

## <u>Email</u> complete application to: uoft.cip@utoronto.ca

Clinician Investigator Program Medical Sciences Building, Room 2256 1 King's College Circle University of Toronto Toronto, ON Canada M5S 1A8 Phone: (416) 978-7189 Website: http://www.cip.utoronto.ca The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to www.utoronto.ca/privacy or contact the University's Freedom of Information and Protection of Privacy Office at 416-946-5385, Room 201, McMurrich Bldg., 12 Queen's Park Crescent, Toronto, ON, M5S 1A1

Please contact the CIP Office if you have any questions about your application

#### **RESEARCH SUPERVISION** 1.

minimum of two full years.

Signature of Research Supervisor:				
Print Name:	Supervisor's E-mail:			
Graduate Appointment(s) of Supervisor:				
Address of Supervisor:				
**All applicants, incl. non-thesis and/or non-traditional (non U of T) gra qualified supervisor attesting that he/she will be taking full responsibility	aduate program applicants, <u>must submit a letter from their potential SGS-</u> ty for the trainee to receive a well-structured research experience for a			

## 2. CLINICAL DEPARTMENT & FUNDING

Please attach a letter of support from your Specialty/Subspecialty Program Director with whom you have discussed this application, verifying the following: (N.B. Program Director also SIGNS page 3)

- your status and year of training in your postgraduate medical education program •
- endorsement of your registration in the Clinician Investigator Program, incl. guarantee of min. 80% protected research time, and departmental funding guarantee for min. 2 years (cc'd to Dept Chair & Business Officer)
- your research potential, interest, and ability to complete program

I have discussed this with my Program Director and understand the appointment & funding conditions specific to my program. \_\_\_\_\_ initial by applicant.

N.B. CIP registrants may commence the research component of CIP training at any time agreeable to the CIP Advisory Committee, the Program Director, and the participating Graduate Unit. However, application to and acceptance into CIP must occur while applicant is registered in an accredited RCPSC-accredited resident program.

Expected completion date of Accredited Residency Training:

L have applied to my clinical department for funding, e.g., Surgeon Scientist Program; Clinician Scientist Program (Medicine/Psychiatry)

(specify program) \_\_\_\_

□ I have funding for a minimum of two years (granting agency, departmental, other)

Agency:

Amount: Start Date: End Date:

PLEASE NOTE: The MOH-CIP Award covers the learner's salary and benefits under the PARO-OTH Agreement for one year of the minimum twoyear program. MOH-CIP funded positions cannot be deferred to a future academic year. If your training status will be changing during the year or you are currently on leave, please reach out to uoft.cip@utoronto.ca prior to applying.

### 3. STREAM TO COMPLETION - There are two streams to completion of the CIP research component. Please complete only one, section A OR B.

#### • ALL APPLICANTS MUST SUBMIT A CURRENT CV, A ONE-PAGE OUTLINE OF THEIR RESEARCH PROJECT, AND A LETTER OF INTENT (all requirements listed on the CIP website at CIP Website - Prospective Trainees/Application Guide)

#### Α. **Graduate Stream Applicants**

CIP applicants who do not already hold a Ph.D. degree must spend a minimum of two years engaged in full-time study in a research program leading to a M.Sc. or Ph.D. degree.

I have applied to graduate unit(s) (specify)	

Proposed Start Date I have been accepted into graduate unit \_\_\_\_\_

□ I have already commenced graduate studies in (specify graduate unit) \_\_\_\_\_

### **B.** Postdoctoral Stream Applicants

- start and end dates of your research project summary of previous research experience copies of publications (first page only) ٠
- letter of reference from your previous research supervisor and/or Ph.D. supervisor
- letter confirming to follow standard procedures for monitoring of progress in CIP, and listing any courses to be completed (if required)
- List of two additional faculty members who, together with your supervisor, will serve as your research advisory committee and meet with you every six months to evaluate your research and progress

# ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA CLINICIAN INVESTIGATOR PROGRAM <u>REGISTRATION</u> <u>INFORMATION</u>

Date:						
Name of Resident: RCPSC ID #:						
Year & School of Medical Graduation:						
Specialty/subspecialty in which the research res	ident is enrolled:					
Current year of training: PGY						
Femerty Faculty of Medicine in which specialty residency is taking place: University of Toronto						
Expected date of commencement of full-time <b>research component</b> of CIP:						
Funding Source:						
PROPOSED RESEARCH PROGRAM FORMA	г					
	] <u>or</u> Ph.D. 🗆 <u>or</u> Other 🗖 (specify) at <b>University of Toronto</b>					
If M.Ed., are you registered with the Wilson Centre for Research Education? Yes 🛛 No 🗖						
Indicate Pathway: Continuous Training D	istributive Curriculum Training 🛛 Fractionate	ed Training 🗖				
Expected date of completion of CIP research co	mponent (mm/dd/yyyy):					
Project Title: (please print):						
Research Supervisor:						
Department:	Uni	versity: University of Toronto				
Location of Research:						
SIGNATURE OF RESIDENT:						
VERIFICATION of REGISTRATION or ACCEPTANCE in t	ne GRADUATE SCHOOL STREAM by the GRADUATE SCH DRAL STREAM by the VICE DEAN, RESEARCH & HEALTH					
Name (please print):						
Position & Graduate Unit:						
Signature:						
Endorsement of Concurrent Clinical/CIP Programs by Residency <u>PROGRAM DIRECTOR:</u> Name (please print):	VERIFICATION OF REGISTRATION IN CIP: N. Jones, CIP Director Signature:	FACULTY APPROVAL M. Giuliani, Associate Dean, Postgraduate Medical Education Signature:				
Signature:		Signature.				