

## APPLICATION DEADLINES

**VISA-Sponsored Trainees:** August 31<sup>st</sup> for a July 1<sup>st</sup> start date.

**All other residents:** November 1<sup>st</sup> for a July 1<sup>st</sup> start date.

Please email complete application packages to [CIP@umanitoba.ca](mailto:CIP@umanitoba.ca).

Electronic applications are preferred but paper applications may be sent to:

### Clinician Investigator Program

Max Rady College of Medicine, Educational Programs Office  
260 Brodie Centre, 727 McDermott Avenue  
Winnipeg, MB. R3E 3P5

## APPLICATION CHECKLIST

- Completed Application/Registration Form
- Your Curriculum Vitae
- Statement of career plans, including those relating to practicing as a clinician scientist (1 page)
- Project description, specifying your roles/tasks within the overall research project (3 pages)
- List of research advisory committee members, include your U of M supervisor and 2 additional faculty members (at least one of whom must be a clinician scientist)
- Copy of supervisor's Curriculum Vitae
- 1 letter from your supervisor(s) indicating the role(s)/responsibilities that they will have in your mentorship/training
- 1 letter of endorsement from your Royal College Clinical Program Director (if applicable, see Section IV)
- 1 letter from your U of M department/program indicating their intentions to retain you as a practicing clinician scientist upon the completion of your training (if applicable)
- Copies of your publications, first pages only (for post-doctoral stream applicants only)

## REFERENCE LETTERS

- 2 sealed Letters of Reference to be sent directly to the CIP office. Please ask referees to personalize their letters to speak to your potential as a researcher, your commitment to your degree program, your proposed project, the proposed learning environment, and your commitment to a career as a Clinician Investigator.

## I. STUDENT INFORMATION

Name: \_\_\_\_\_  
*Last Name First Name Middle Name(s) Maiden Name, if applicable*

U of M Student #: \_\_\_\_\_ UMnetID: \_\_\_\_\_

RCPSC ID#: \_\_\_\_\_ CMA #: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Status in Canada (if not Canadian Citizen):

Permanent Resident  Student VISA  Employment Authorization

Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

U of M Email Address: \_\_\_\_\_

## II. RESEARCH STREAM

There are two streams for the CIP research component. Please complete section A **OR** B.

### A) GRADUATE STREAM APPLICANTS

CIP applicants who do not already hold a research-based graduate degree must spend a minimum of two years engaged in full-time study in a research program leading to a research-based graduate degree.

I have:  Applied to a graduate program, acceptance pending

Been accepted into a graduate program

Already commenced a graduate program

Type of graduate degree:  Masters  PhD

Degree title and institution: \_\_\_\_\_

Anticipated graduate program start date: \_\_\_\_\_

### B) POSTDOCTORAL STREAM APPLICANTS

CIP applicants who already hold a research-based graduate degree.

Copies of all publications (first page only) included in application

Project description includes project timeline/start and end dates

### III. RESEARCH SUPERVISION

**Supervisor Name:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Graduate Appointment(s):** \_\_\_\_\_  
**Work Address:** \_\_\_\_\_  
\_\_\_\_\_  
  
**Signature:** \_\_\_\_\_

### IV. CLINICAL RESIDENCY (IF APPLICABLE)

If you will not have completed your primary clinical residency prior to the commencement of CIP, please attach a letter of support from your RCPSC Specialty/Subspecialty Program Director verifying the following:

- Your status and year of training in your Postgraduate Medical Education program
- Endorsement of your registration in CIP
- Your research potential, interest, and ability to complete the program

**Expected completion date of clinical training:** \_\_\_\_\_

### VI. SALARY FUNDING

24 months of salary funding must be secured for you prior to full acceptance into CIP. Please indicate all anticipated funding sources:

- I have \_\_\_\_\_ months of funded research time within my clinical residency
- I have \_\_\_\_\_ months of funding for CIP from my clinical department
- I have \_\_\_\_\_ months of funding for CIP secured through the following external agency:  
\_\_\_\_\_
- I will be applying to the following external agencies (check all that apply):  
 CIHR    MHRC    MMSF/McLaughlin    Other: \_\_\_\_\_
- I will be applying to the Dean of Medicine's Fellowship Fund, U of M CPGME  
*\*If applying to the Dean of Medicine's Fellowship Fund, please include a letter indicating that matched funding has been committed by your home program.*