

CIP Candidate Application

Application Deadline

Current deadline can be found on our website:

<http://cumming.ucalgary.ca/cip/future-trainees/apply-cip>

NOTE: The CIP Sharepoint site is currently being retired and moved to a new system:
Sept-Oct 2023

To ensure your application is not lost during this move please do the following:

- Email your application files to cip@ucalgary.ca
- On the subject line put: **CIP Application 2023 (your name)**
- This will ensure that your application files are directed to the correct folder
- Once your files start arriving, you will receive a confirmation email. If you do not, feel free to send a followup email to confirm.

Submission FAQ:

- If signatures are handwritten, please scan the last page of the application and send as a separate "signatures" file attachment.
- Use the same subject line on all email submissions (see above). The subject line determines in which folder the email will be saved.
- Multiple attachments may be sent together as long as the total attachment size is less than **20 MB**. Send separate emails if total file size is larger.
- Use the Checklist on the next page to make sure you have submitted all required documents.

CIP Application Checklist

- **NOTE:** Candidates and proposed supervisors **must** meet with the CIP Program Director before submitting their application. It is recommended that this meeting occur 3 months prior to the application deadline. Contact cip@ucalgary.ca to schedule a meeting time

- Completed CIP Application Form (PDF)
- Common CV of the candidate (CIHR *Academic* format)
 - a. Available from the CCV website <https://ccv-cvc.ca/>
- Common CV of the supervisor(s) (CIHR *Project Biosketch* format)
 - a. Available from the CCV website <https://ccv-cvc.ca/>
- ***THREE** “Reference's Assessment of a Candidate for the CIP”
 - a. MUST use CIP specific reference form, and be emailed directly from the Reference's institutional email account
 - b. Available online (Fillable PDF) at <http://cumming.ucalgary.ca/cip/future-trainees/apply-cip> under Section 3
 - i. The first must be from proposed **Supervisor**. Please have your supervisor note that the form has a specific section for Supervisors only
 - ii. The second must be from applicant's **clinical residency Program Director**
 - iii. The third from another referee (ideally a previous research advisor)
- All university transcripts
 - a. Copies of the official transcripts are acceptable, formal transcripts are not required
 - i. Include copies of undergrad transcripts (Bachelor degree)
- Confirmation of application or acceptance to Graduate Science Education will be required before final CIP program acceptance. Submit the GSE confirmation email to CIP as soon as it is available

- Submit copies of any funding application confirmation emails (for all fellowships/awards/scholarships)

Current application Deadline is posted on the CIP website at:

<http://cumming.ucalgary.ca/cip/future-trainees/apply-cip>

It is the responsibility of the Candidate to ensure that their application is complete and submitted by midnight MT on the deadline date (see website for current deadline).

CIP Candidate Application

Please use the *Checklist* on the previous page to ensure that your Application is complete

See CIP website for current application deadline

See application cover page for submission instructions

Today's Date (m/d/yy)					
Proposed CIP start date (m/d/yy)		Estimated completion (m/d/yy)			
Candidate's Name	Last		First		Other (previous) names
UC Student ID #					
Current Address					
	City		Province		Postal Code
Permanent Address (if different from current)					
Contact numbers		< Cell #		<Other	< Pager #
UofC Email address					All correspondence must go through your UofC email
Degrees (BSc, MD etc.), Certificates or Licenses in progress	Description and Institution (e.g. BSc , University of Calgary)		Start date (mm/yyyy)	Completion date (or expected) (mm/yyyy)	

Supervisor(s) • Primary Supervisor • Co-Supervisor (optional)	Last Name	First Name	Primary Dept. Affiliation	Email Address
Research Project Title				
Provide up to 10 keywords describing your research project				
Department where proposed research will be conducted (within the UofC)				

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Graduate Program (if your graduate program is other than <i>Graduate Science Education (GSE)</i>, note the faculty name in "Other" field (e.g. Physics).			
	Date applied (m/d/y)	Date accepted	Date commenced
Status of enrolment (complete at least one)			
GSE Graduate Program			Other graduate faculty:
Graduate Coordinator for program			Graduate Director for program (MD/PhD)
Anticipated Degree			
Expected Completion Date			

Post-Graduate Medical Education Program (PGME)				
Clinical Department				
*(Sub)Specialty Program Director				
*Department Head			*Divisional Head	
Current PGY Level		PGY Level at Start of CIP	R Level at Start of CIP	

Proposed Thesis Advisory Committee		
Note: <i>At least one member of your advisory committee must be a PhD scientist</i>		
Name (Last, First)	Primary Department	Specific GSE Department and Role (e.g. roles: research expert, clinician)
Supervisor		
Co-Supervisor		
Your supervisory committee should consist of: your supervisor, co-supervisor (if needed) and two additional members who can support your research. <u>At least one member must be a PhD scientist.</u>		

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References for Candidate

*References must use the *Reference's Assessment of a Candidate for the CIP* form. See download link below.*

It is the responsibility of the Candidate to ensure that each of the following three people submit a *separate CIP reference form* on their behalf:

1. Proposed research supervisor
2. Specialty/subspecialty program director
3. Divisional, previous research advisors or other supervisors

Note: All 3 references must be received on or before the deadline posted on the CIP webpage.

	References Full Name (last, first)	Relationship to candidate (see 1-3 above)	Institutional Email Address (e.g. UofC, AHS)	Institution/University	Current Position held (e.g. professor)
1					
2					
3					

CIP Reference forms are available at <https://cumming.ucalgary.ca/cip/future-trainees/apply-cip> and completed forms must be emailed from the referee's institutional email address (e.g. @ucalgary.ca).

In the table below, indicate the percentage of time you will spend on the following activities:

	Percentage of time (number only)
• Research Work	
• Course Work	
• Teaching	
• Clinical/On-call Work	
• Supervision	
• Other (specify below):	
Total (must equal 100%)	

Other: _____

NOTE: CIP Trainees are expected to spend a minimum of 80% of their time in research work.

Review the CIP Individual Education Policy (IEP) for further information (see section 2 <https://cumming.ucalgary.ca/cip/future-trainees/apply-cip>)

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Plain language description of proposed research

- Provide a *plain language* summary of your proposed research. Write as you would for a newspaper, suitable for a lay audience. Please be concise.
- In the abstract, indicate how your research ultimately can improve personal health, the health of populations and / or the health delivery system.

Lay Title

Lay Abstract - suitable to post on the CIP webpage

Note text in this section should be no more than ~250 words.

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Proposed Training Program - Technical Summary

Note text in this section should be no more than ~500 words.

- Describe your research project. Provide a clearly conceived, yet concise, technical summary including: background, research questions, aims and hypotheses, methodology (study design, cohort recruitment strategies, sample size, proposed intervention if applicable, etc) planned and expected outcomes.

*Note: Rich text (bold, italics) is not available

Formal Project Title

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TRAINING

EXPECTATIONS

Note text in this section should be no more than ~500 words.

- 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.
- Discuss how the CIP will enable you to establish yourself as an independent investigator.

Rich text (bold, italics) is not available

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Proposed Research Environment

Note text in this section should be no more than ~500 words. Rich text (bold, italics) is not available

- **With input from your supervisor**, describe your proposed work space and any facilities or tools that will be available.
- Indicate why you decided upon the training environment and what you expect to learn from the training experience.
- Discuss how you will be engaged in this research setting. Discuss interactions with other graduate students and post-doctoral fellows.
- Describe the computer equipment, secretarial or administrative support, and any funding that will be provided for this support.

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External Funding

- CIP Trainees are required to apply for external funding, and this is available through a variety of different agencies and organizations. Residents who enter with external grant funding will receive a ministry top-up to PARA levels.
- See <https://cumming.ucalgary.ca/cip/resources-current-trainees/potential-funding-sources> for a list of possible funding awards and agencies.

FUNDING CIP YEAR *ONE*	
Funding from (m/y)	to (m/y)
Current PGY salary level	
\$ without benefits	\$ with benefits

List all of the external funding that you have, or will be applying for, within the first year of your CI program

Name of Funding Organization			Name of Award				
Dates (m/d/y)			\$ Amounts		Award Dates (m/y)		
Deadline	Submitted	Notification	Applied for	Awarded	Start	End	Tax free?

Name of Funding Organization			Name of Award				
Dates (m/d/y)			\$ Amounts		Award Dates (m/y)		
Deadline	Submitted	Notification	Applied for	Awarded	Start	End	Tax free?

Name of Funding Organization			Name of Award				
Dates (m/d/y)			\$ Amounts		Award Dates (m/y)		
Deadline	Submitted	Notification	Applied for	Awarded	Start	End	Tax free?

***Please include copies of the submission confirmations for all of your funding applications (AIHS, CIHR, Scholarships, Foundation awards etc.), along with this application.**

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THE SUMMARY OF THE RESEARCH PROJECT WAS WRITTEN BY:

(check one)

Candidate	Proposed Supervisor	Both

WE, THE UNDERSIGNED, agree that the summary accurately describes the proposed CIP training program

Name	Signature	Date (m/d/y)
Candidate		
Supervisor		
Co-Supervisor		

Please obtain the following additional signatures

Person	Print Name	Signature	Date (m/d/y)
Clinical Department Head			
Clinical Residency Program Director			

If signatures are handwritten, please scan and email this page as a separate file, along with your saved PDF application file (see cover page of application for submission instructions)