

CLINICIAN INVESTIGATOR PROGRAM (CIP): LETTER OF INTENT

APPLICANT INFORMATION

Surname First Name Middle Name
Date of Birth (yyyy-mm-dd) UAlberta Email Address

CURRENT RESIDENCY PROGRAM INFORMATION

Field of Medical Training (Residency Program Name) Current Rank (PGY)

Residency Program Director

Proposed CIP Years:

Year 1 (yyyy-yyyy) Year 2 (yyyy-yyyy)

PROJECT INFORMATION

Preliminary Project Title

MSc/MEd/PhD Program Name of Principal Research Supervisor

Research Supervisor's Email Address

Has this research supervisor supervised MSc/PhD trainees before? Yes No

APPROVAL - CURRENT RESIDENCY PROGRAM DIRECTOR (PD)

I have discussed this resident's intention to take a two-year leave from the clinical residency program to obtain a research degree. To the best of my knowledge, this resident has satisfied an acceptable level of performance as reflected by their assessments/evaluations. I am supportive of this application.

Signature (Residency PD) Date (yyyy-mm-dd)

APPLICANT SIGNATURE

Signature (Applicant) Date (yyyy-mm-dd)

SUBMISSION INSTRUCTIONS

Please submit this completed form to Jamie Gowan, Program Administrator, CIP at pqcip@ualberta.ca no later than September 30.