



**THE UNIVERSITY OF BRITISH COLUMBIA
CLINICIAN INVESTIGATOR PROGRAM**



Application Form

CANDIDATE'S INFORMATION:

Last Name: First Name: Initial:
Address: City:
Province: Postal Code:
Phone: Email:
Date of Entry into the residency program and current PG year:
Department/Specialty:

DEPARTMENT HEAD'S INFORMATION:

Last Name: First Name: Initial:
Title: Department:
Address: City:
Province: Postal Code:
Phone: Fax:
Email:

RESEARCH SUPERVISOR'S INFORMATION:

Last Name: First Name: Initial:
Title: Department:
Address: City:
Province: Postal Code:
Phone: Fax:
Email:
Area(s) of Research:
Specialty and sub-specialty:



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List of proposed supervisory committee, and any other faculty or scientists who will be integral to the research team or collaborate with the team (include name, title, work address, phone, fax and email address):



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Schedule of regular meetings with supervisor and supervisory committee and a projection of which national or international meetings will be attended:

Please Identify two external funding sources to which you have applied or are expected to apply during your CIP program:



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Summary of operating funds or research support of the supervisor:

Short description of the research resources available for the study including lab space, databases, equipment, computers, as well as desk and/or lab space for the candidate:
