

CLINICIAN-SCIENTIST TRAINING PROGRAM
Spring 2012 Application Package

ELIGIBILITY FOR FUNDING

Number of Times You Can Apply An individual can apply a maximum of two times.

Applicant Requirements

1) The clinician must be affiliated with a specific lab (wet bench or patient-based).

2) The clinician is expected to be enrolled in a full-time, research-based PhD program as part of his/her clinician-scientist fellowship training program. Proof of degree enrolment must be provided before funding can begin and the medical license must be valid throughout the CSTP term. A copy of the valid license must be provided annually.

3) Prior to submitting a letter of intent, please confirm your suitability for this with Dr. Nicola Jones. In addition, prior to submitting an application, please arrange to meet with Dr. Jones by appointment.

Dr. Nicola Jones
Chair, Clinician-Scientist Training Program
Senior Scientist, Gastroenterology, Hepatology and Nutrition
The Hospital for Sick Children
Phone: (416) 813-7062

4) The full-time research student or fellow is required to spend a minimum of 80% of his/her time in research. Clinical commitments cannot exceed 20% or 8 daytime hours per week. Evening and weekend call times may be permitted, provided that this does not interfere with the student's ability to do research.

Supervision/ Mentorship The research will be performed under the direction of a clearly defined mentor who must have a scientific appointment the SickKids Research Institute as Senior Scientist, Scientist, Senior Associate Scientist, or Associate Scientist. Clinicians supervised by Scientist-Track Investigators, Team Investigators, Adjunct Scientists, Project Investigators, or Emeritus Scientists are not eligible.

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- Supervisory Committee** A PhD supervisory committee of SickKids scientists must be identified. This group is responsible for:
- Providing advice to the mentor and trainee, and
 - Adjudicating the results of the trainee's research program

APPLICATION PROCESS

- Steps to Apply**
- 1) Contact Dr. Nicola Jones (contact information on page 1) to discuss suitability for the program.
 - 2) If deemed suitable, please submit a Letter of Intent to the Research Training Centre for the CSTP Committee to review (electronic submissions only). See Details section below for more information.
 - 3) Contact Dr. Nicola Jones to arrange a meeting with a CSTP Committee member to discuss your Letter of Intent – **both you and your supervisor** will be required to attend this meeting. This meeting will occur *one* week prior to the CSTP deadline.
 - 4) Once approved, submit a full application to the Research Training Centre the listed deadline. See Details section below for more information.

LETTER OF INTENT

- Information to include**
- 1) Title and abstract of the study
 - 2) Describe applicant's training environment, including information on:
 - Applicant's Supervisor
 - The research environment
 - The number of trainees (students or fellows) who presently work under the applicant's supervisor.
 - 3) Describe applicant's education and research experience to-date.
 - 4) Describe your career path. What are your projected goals for the future?

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- Details**
- Please ensure the letter of intent does not exceed 2 pages in length.
 - The Letter of Intent must be submitted as an electronic pdf document to: jennifer.ng@sickkids.ca
 - DEADLINE: Monday February 13, 2012 by 4:00pm. Submissions received after this date will NOT be accepted.

CSTP FULL APPLICATION INFORMATION

Cover Page Use page 6 of this package as the cover page and page 7 as the checklist for your application. These two pages include all components in the application package required for submission.

Copies A complete application will include all documents listed on pages 6 and 7, including:

- 1 original application
- 7 collated copies

Confidential documents The Research Training Centre will NOT accept individual, confidential documents (e.g. referee forms, academic transcripts).

(referee forms, transcripts)

These documents should be:

- Sent directly to the applicant or proposed supervisor at SickKids
- Opened by the applicant's supervisor or supervisor's assistant (not Research Training Centre or the applicant).

The individual opening the documents should:

- 1) Make the copies of these documents
- 2) Insert them into the appropriate places in each copy (there are 7 copies required – refer to application form/cover page)

CCHCSP INTERNAL REVIEW APPLICATION INFORMATION

For CSTP applicants who would like to be considered for the Canadian Child Health Clinician-Scientist Program (CCHCSP) program, please inquire with Nicola Jones regarding suitability for the program and refer to the SickKids Research Training Centre website for specific internal review submission guidelines.

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For individuals applying for both programs, the CCHCSP internal review submission will take the place of the CSTP application. Therefore, applicants are only required to submit 8 copies of the application package (1 original and 7 collated copies).

Please refer to the official CCHCSP website for detailed program information:

www.cchcsp.ca.

Please submit your complete application to Jennifer Ng, Coordinator Research Training Centre, Room 5277, Black Wing by **Thursday March 1, 2012 by 4:00pm**

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PLEASE USE THIS AS THE **COVER PAGE** OF YOUR APPLICATION

Application Deadline: Thursday March 1, 2012 by 4:00pm

APPLICANT NAME	<i>Last:</i> _____	<i>First:</i> _____
TELEPHONE	<i>Lab:</i> _____	<i>Other:</i> _____
EMAIL	_____	
SUPERVISOR NAME	<i>Last:</i> _____	<i>First:</i> _____
RI PROGRAM	_____	
CITIZENSHIP	_____ If not Canadian, indicate immigration status: <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Employment Authorization <input type="checkbox"/> Other _____	
Year of Professional Undergraduate Degree (e.g. MD) and Institution	_____ _____	
License Information	MCCEE Certificate# : _____ General License# : _____ Education License# : _____	
Funding start date requested	_____	
Start date of degree program	_____	<input type="checkbox"/> Masters <input type="checkbox"/> PhD
SIGNATURE	<i>I confirm that all information provided in this application is accurate.</i> SIGNATURE: _____ DATE: _____	

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PLEASE USE THIS AS A **CHECKLIST** FOR YOUR APPLICATION

Please include the following information (1 original package + 7 collated copies):

- Cover Page** – page 6 of this application package
- Curriculum vitae** – including clinical and research training, honours and awards, publications.
- Academic transcripts** – please ensure one original copy is submitted.
- Research Proposal** – 5 page maximum, plus 1 page for references.
- Letter from proposed mentor** summarizing the training program and providing an evaluation of the applicant.
- Two letters of reference** – this cannot be completed by current research supervisor (see forms attached).
- Personal Statement** – include professional background information and career goals (one-page).
- Copy of a funding application/proposal** (related to the current application) that has been, or will be, submitted by the applicant for a Research Fellowship to another agency.
- Supervisor's CV Module** (use CIHR CV module – please provide hard copy).

The supervisor is responsible for completing this section, including:

- Most significant research contributions: use this page to describe the focus of research in the lab of the supervisor.
- Publications and supervisory experience: indicate all trainees, past and present.

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REFEREE #1

Assessment of Candidate for The Hospital for Sick Children Research Institute Clinician-Scientist Fellowship Training Program

Note to the Referee:

The information that you provide is essential to the SickKids Research Institute Clinician-Scientist Training Program Committee in evaluating the suitability of the applicant for support of extended training in biomedical research.

Please provide detailed information (both positive and negative) about the applicant in an accompanying letter.

In your overall assessment of the applicant, please:

- 1) indicate the applicant's merit relative to others with the same level of training: upper 5%, upper 10%, upper 20%, upper 30%, below upper 30%
- 2) indicate the period of time and in what capacity you have known the applicant.
- 3) describe the applicant's performance during his/her clinical and/or research training
- 4) provide your assessment of potential of the applicant to perform in a research setting.

Please send your assessment directly to the applicant or their supervisor at SickKids.

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REFEREE #1

Please complete the following assessment of the applicant in comparison to individuals you have known, and who have had the same level of training and experience.

	Exceptional (top 5%)	Excellent (top 10%)	Very Good (top 20%)	Good (top 30%)	Acceptable (below 30%)	Unable to Judge
Background preparation						
Industry/perseverance:						
Motivation/initiative:						
Organizational ability:						
Skill at research: (demonstrated)						
Skill at research: (potential)						
Judgment/critical sense:						
Intellectual ability:						
Originality (demonstrated):						
Originality (potential):						
Interpersonal skills:						
Supervisory skills:						

Thank for your advice and assistance in this decision making process.

Sincerely,

The Clinician-Scientist Training Program Committee

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REFEREE #2

Assessment of Candidate for The Hospital for Sick Children Research Institute Clinician-Scientist Fellowship Training Program

Note to the Referee:

The information that you provide is essential to the SickKids Research Institute Clinician-Scientist Training Program Committee in evaluating the suitability of the applicant for support of extended training in biomedical research.

Please provide detailed information (both positive and negative) about the applicant in an accompanying letter.

In your overall assessment of the applicant, please:

- 5) indicate the applicant's merit relative to others with the same level of training: upper 5%, upper 10%, upper 20%, upper 30%, below upper 30%
- 6) indicate the period of time and in what capacity you have known the applicant.
- 7) describe the applicant's performance during his/her clinical and/or research training
- 8) provide your assessment of potential of the applicant to perform in a research setting.

Please send your assessment directly to the applicant or their supervisor at SickKids.

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REFEREE #2

Please complete the following assessment of the applicant in comparison to individuals you have known, and who have had the same level of training and experience.

	Exceptional (top 5%)	Excellent (top 10%)	Very Good (top 20%)	Good (top 30%)	Acceptable (below 30%)	Unable to Judge
Background preparation						
Industry/perseverance:						
Motivation/initiative:						
Organizational ability:						
Skill at research: (demonstrated)						
Skill at research: (potential)						
Judgment/critical sense:						
Intellectual ability:						
Originality (demonstrated):						
Originality (potential):						
Interpersonal skills:						
Supervisory skills:						

Thank for your advice and assistance in this decision making process.

Sincerely,

The Clinician-Scientist Training Program Committee