Medicine
UNIVERSITY OF TORONTO

The Eliot Phillipson Clinician-Scientist Training Program (CSTP) Application Information Form

1. APPLICANT CONTACT DETAILS

Name: _____ _____ _____
First   Middle   Last

Date Of Birth: _____ Citizenship: _____
YYYY – MM – DD

Email Address: _____

Home Address: _____

_____ _____ _____
City   Province   Postal Code

Home Telephone: (_____)_____

Business Address: _____

_____ _____ _____
City   Province   Postal Code

Present Position / PGY Level: _____

Division: _____

UofT Student No.: _____

Supervisor Name/s: _____

Proposed Project Title: _____

Proposed Location of Research: _____

Anticipated Start Date in the Program: _____
YYYY – MM – DD

_____
APPLICANT'S SIGNATURE   DATE (YYYY-MM-DD)

PLEASE CONSULT DEPARTMENT WEBSITE FOR DEADLINE

2. APPLICATION CONTENTS

A. RESEARCH EXPERIENCE

a. List all previous experience, including projects and techniques used, institutes and dates.

b. List of sources of external funding agencies and funding opportunities for which you have applied, or intend to apply, along with dates of application. You must apply for external funding prior to starting research training.

B. STATEMENT OF INTENT (ONE-PAGE)

Please state the reasons for your application to this program. The statement should describe relevant research background (if applicable), your clinical and research interests and career goals and how these can best be accomplished by participation in the Department of Medicine, The Eliot Phillipson Clinician-Scientist Training Program (one page).

C. ABSTRACT OF PROPOSED RESEARCH PROJECT (ONE PAGE)

Outline the hypotheses, specific aims / objectives, methods, data analysis, expected outcomes, and possible problems / alternative approaches (one page).

3. APPLICANT CHECKLIST

Completed applications should be submitted via email to dom.research@utoronto.ca as a **single pdf format** as addressed to:

Dr. M. Bhat
Director, The Eliot Phillipson Clinician-Scientist Training Program
C/O: Department of Medicine, University of Toronto

The completed application shall include the following (see the next page):

1.	Application Information Form complete and signed	
2.	List of Research Experience and sources of external funding (list both awarded funding and applications)	
3.	Statement of Intent (maximum 1 page)	
4.	Abstract of Research Proposal (maximum 1 page)	
5.	Updated Curriculum Vitae in chronological order with dates, that includes: • Academic preparation • Employment • Research expertise • Abstracts and publications with full citations indicating your contribution to the research – including those in preparation and submitted • Teaching experiences	
6.	All Post-Secondary and Medical School Transcripts (copies acceptable)	
7.	References (3 in total) – **send directly to dom.research@utoronto.ca .**	

4. <u>APPLICANT REFERENCES</u>

APPLICANT'S NAME:

UNIVERSITY OF TORONTO, DEPARTMENT OF MEDICINE
THE ELIOT PHILLIPSON CLINICIAN-SCIENTIST TRAINING PROGRAM

If the proposed supervisor is not providing a confidential assessment, include a letter from the proposed supervisor indicating his / her willingness to supervise. The supervisor letter should speak to their ability to commit to a funding strategy during the applicants planned graduate studies, particularly if the applicant is selected to be included in the program without funding, in addition to speaking to the applicant's skills and strengths.

The letter from the <u>Departmental Division Director</u> should address how the applicant aligns with strategic hiring priorities of the departmental division. It should also include what type of financial support the division is willing to provide, particularly if the applicant is selected to be included in the program without funding.

1. Supervisor Name	Office number	Email
2. Additional Referee Name	Office number	Email
3. Departmental Division Director	Office number	Email