

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

N A M E

FIRST

MIDDLE

LAST

HOME ADDRESS

CITY, PROVINCE

POSTAL CODE

HOME TELEPHONE

BUSINESS ADDRESS

CITY, PROVINCE

POSTAL CODE

EMAIL ADDRESS

PRESENT POSITION/PGY LEVEL/DIVISION

DATE OF BIRTH

CITIZENSHIP

U OF T STUDENT NO.

SUPERVISOR NAME

PROPOSED PROJECT TITLE

PROPOSED LOCATION OF RESEARCH

ANTICIPATED START DATE IN THE PROGRAM

APPLICANT'S SIGNATURE

DATE

PLEASE CONSULT DEPARTMENT WEBSITE FOR DEADLINE

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 applied to, or intention to apply along with dates of application. You must apply for external funding prior to starting research training.

B. STATEMENT OF INTENT

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 best can be accomplished by participation in the Department of Medicine, The Eliot Phillipson Clinician-Scientist Training Program (limited to one page).

C. ABSTRACT OF PROPOSED RESEARCH PROJECT

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

APPLICANT CHECKLIST

Completed applications should be submitted via email to dom.research@utoronto.ca as a single pdf format and include the following;

1.	Application Information Form complete and signed	<input type="checkbox"/>
2.	List of Research Experience and sources of external funding agencies and funding opportunities applied to	<input type="checkbox"/>
3.	Statement of Intent (maximum 1 page)	<input type="checkbox"/>
4.	Abstract of Research Proposal (maximum 1 page)	<input type="checkbox"/>
5.	Updated Curriculum Vitae in chronological order with dates, that includes; <ul style="list-style-type: none"> • Academic preparation • Employment • Research expertise • Abstracts and publications with full citation indicate your contribution to the research – including those in preparation and submitted • Teaching experiences 	<input type="checkbox"/>
6.	All Post Secondary and Medical School Transcripts (copies acceptable)	<input type="checkbox"/>
7.	References (4 in total)** – both letters and the confidential assessment forms. These should be sent by the referees directly to dom.research@utoronto.ca	<input type="checkbox"/>

Confidential assessment forms should accompany **all reference letters.**

APPLICANT'S NAME: _____

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

The Supervisor Application Form and a letter should be submitted by the Proposed Supervisor. The supervisor's letter should indicate his/her willingness to supervise, agreement to contribute up to \$20K per year towards the trainee's stipend if the trainee is funded by the program. The supervisor's letter should also speak to commitment 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 the applicant's skills and strengths.

The letter from the [Departmental Division Director](#) should address how the applicant aligns with strategic hiring priorities of the departmental division and 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.

The letter from the [Postgraduate Residency Program Director](#) should speak to the trainee's clinical training status.

1.	Supervisor Name	Office telephone number	Email
2.	Additional Referee Name	Office telephone number	Email
3.	Departmental Division Director	Office telephone number	Email
4.	Postgraduate Residency Program Director	Office telephone number	Email

APPLICANT'S NAME: _____

**ASSESSMENT OF AN APPLICANT FOR THE UNIVERSITY OF TORONTO,
DEPARTMENT OF MEDICINE, THE ELIOT PHILLIPSON CLINICIAN-SCIENTIST TRAINING
PROGRAM NOTE TO THE REFEREE**

This assessment consists of two parts: (A) Assessment form and (B) Letter of support. Both must be completed.

The information provided on this form is most important to the Clinician-Scientist Committee in evaluating the suitability of the applicant for training in research in health sciences. You are therefore asked to give detailed information (both pro and con) about the applicant.

Check (the boxes that most nearly represent your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

The assessment form and letter are to be scanned and emailed directly to the Department of Medicine. Please send all materials to Kristian Galberg at dom.research@utoronto.ca and indicate "**CSTP reference: Applicants name**" in the email subject line.

If you have any questions about this reference request please to contact Kristian Galberg. Thank you for your time and effort!

	Exceptional		Excellent	Very Good	Good Upper	Acceptable Lower	Unable to judge
	Upper 2%	Upper 10%	Upper 20%	Upper 33%	50%	50%	
Background Preparation							
Industry/Perseverance							
Motivation/Initiative							
Organizational ability							
Skill at research (demonstrated)							
Skill at research (potential)							
Judgement/Critical sense							
Intellectual ability							
Originality (demonstrated)							
Originality (potential)							
Interpersonal skills							
Supervisory skills							
Independent research (potential)							
Independent research							

Name of Referee _____