



General Internal Medicine Residency Training Program
Division of General Internal Medicine
Department of Medicine



Research Elective Proposal Form

Resident Name:	
Resident Level:	
Block of Research Elective:	
Research Title:	
Primary Research Supervisor:	
GIM Research Supervisor <small>(only necessary if primary supervisor not GIM)</small>	
Division:	
Supervisor Email Address:	
Research Description:	
WHEN & WHERE do you plan to present your Research?	
Will REB approval be required to start the project?	



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If YES, please specify date of research protocol submission to REB:	
Is there designated research space for your use during the research block?	
If YES, please specify where:	
Has anyone already worked on this project?	
If YES, who has worked on the project?	
If YES, what work has already been performed?	
Deliverables: With input from your supervisor, please outline exactly what parts of the project do you plan to accomplish during your research block (this will form a part of your evaluation, be specific).	
Primary Supervisor Signature:	
GIM Supervisor Signature: <small>(Only necessary if primary supervisor not GIM)</small>	
Date of submission:	
Research Director Signature: <small>(Dr. Marko Mrkobrada)</small>	

**Please submit completed form to the GIM Program Administrator:
Chrissy Kienapple . University Hospital . Rm B9-105 . chrissy.kienapple@lhsc.on.ca . Fax 519.663.2908**