APPLICATION FOR the CLINICIAN INVESTIGATOR PROGRAM (CIP)
Western University
Schulich School of Medicine & Dentistry

Please fill out the entire application neatly and obtain ALL signatures.

NAME: _____
Surname *First name* *Initial*

UWO Student #: _____

SIN # (ONLY IF no student no.): _____

Country of Citizenship: _____

Status in Canada (if NOT Canadian Citizen):
___ Permanent resident ___ Student Visa
___ Employment Authorization ___ Other

CURRENT ADDRESS: _____
No. & Street *City*

_____
Province *Postal Code* *Email Address (please use Western email)*

Current Phone#: Work (___)_____ Home (___)_____

DEADLINE:
January 8, 2025 to begin the following July 1

Clinician Investigator Program at Western University is a Royal College certified program to support senior residents during graduate training.

Applicants must have completed their core years and must be planning to undertake a graduate program at Western University. This can be in either the M.Sc. or Ph.D. track.

I, _____, hereby apply for a position in the Clinician Investigator Program at the Schulich School of Medicine & Dentistry, Western University.

PREMEDICAL EDUCATION:
University _____
Dates of Attendance _____
Program & Degree Awarded _____

MEDICAL EDUCATION:
Medical School _____
Dates of Attendance _____
Degree Awarded _____

POSTGRADUATE TRAINING
Please list all postgraduate training appointments only in chronological order from date of graduation.

Residency
Residency Program _____
Dates of Attendance _____
Program Director _____

Fellowship
Dates of Attendance _____
University Program_____
Program Director _____

List Teaching and Research positions you have held since graduation:
_____
_____
_____

Do you hold an Ontario General License to practice Medicine? Yes __ No __ License # _____
Do you hold a valid Ontario Educational License to practice Medicine? Yes __ No _ License # _____

Which of the following examinations or qualifications have you passed?
a) Medical Council of Canada Qualifying Examination (MCCQE)
- MCCQE Part I yes / no
- MCCQE Part II yes / no
- Are you a licentiate of the Medical Council of Canada? Registration # _____

b) Medical Council of Canada Evaluating Examination (MCCEE)
c) Visa Qualifying Examination (VQE)
d) Federation of Licensing Authorities Examination (FLEX)
e) Foreign Medical Graduate Exam in Medical Science (FMGEMS)
f) National Board of Medical Examiners Parts I, II (NBME)
Previous College Certification and/or Board Examination:

Certifying Body	Specialty	Country	Year

List certificates, awards, scholarships, memberships, etc. and the year in which they were obtained.
_____
_____
_____

ATTACHMENTS

The following attachments must be submitted for application to be considered:

- Curriculum Vitae (including a summary of previous research experience)
- Copies of publications giving authors and titles, etc.
- Medical School Transcripts
- Letter of Support from Program Director (current program)
- Proposed Plan of Research (maximum 2 pages), including start and end dates
- Proposed Graduate Studies Supervisor and Graduate Studies Committee
- Three letters of reference are required from faculty who have had a meaningful responsibility for your medical education or research supervisor(s). (Applications will not be considered until these letters of reference, which must be mailed directly and independently by the referee, have been received.) Please list the name, title, address and telephone number of your referees.

1. _____

_____

2. _____

_____

3. _____

_____

I certify that the above answers are accurate and complete.

Signature of Resident: _____

Date: _____

To apply, please complete the application form and send the form plus supporting documentation to the CIP Committee Office by **Wednesday, January 8th, 2025,** at:

Research Office c/o Kelly Schluter
Schulich School of Medicine & Dentistry
Room 2716, Clinical Skills Building
Western University
1151 Richmond Street
London, Ontario N6A 5C1
t. 519-661-2111 ext. 87908

e. cip@schulich.uwo.ca

Successful applicants will receive a Conditional Offer Letter and a Memo of Understanding from the CIP Office and a Letter of Appointment from the Postgraduate Medical Education Office.

FACULTY APPROVAL

_____, Dr. R. Khanna, CIP Director

_____, Dr. L. Champion, Associate Dean, PGME Office