

**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

E-MAIL:

CITY, PROVINCE

POSTAL CODE

BUSINESS TELEPHONE

(     )

EMAIL ADDRESS

PRESENT POSITION/PGY LEVEL/DIVISION

DATE OF BIRTH

CITIZENSHIP

U OF T STUDENT NO.

SUPERVISOR NAME

PURPOSED PROJECT TITLE

PROPOSED LOCATION OF RESEARCH

ANTICIPATED STARTING DATE IN  
PROGRAM

APPLICANT'S SIGNATURE

DATE

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**DEADLINE:**

**DECEMBER 3, 2018**

Completed applications (**submitted via email as a single pdf format**) must include the following;

1. a completed application form, 2. a statement of intent (one page max.), 3. an abstract of research proposal (one page max.), 4. a current curriculum vitae, and 5. official post-secondary and medical school transcripts (copies acceptable).

Letters of reference should be submitted directly by referees to the Department of Medicine via email. All materials must be received by December 3. Late applications will not be considered.

Eligible candidates will be reviewed by the Eliot Phillipson Clinician Scientist Training Program Committee

Candidates **MUST** be available for interview on **Friday, January 11, 2019**.

Please send all documents to:

Dr.Chen

August 2018

C/O: Department of Medicine, University of Toronto at: joanna.king@utoronto.ca

**APPLICANT'S NAME**

**RESEARCH EXPERIENCE**

- A. LIST ALL PREVIOUS EXPERIENCE, INCLUDING PROJECTS AND TECHNIQUES USED. INSTITUTES AND DATES.

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- 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.

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**2. 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).

**3. ABSTRACT OF PROPOSED RESEARCH PROJECT**

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

APPLICANT'S NAME: \_\_\_\_\_

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

**APPLICANT CHECKLIST**

1. Application Form complete and signed \_\_\_\_\_

2. Statement of Intent (maximum 1 page) \_\_\_\_\_

3. Abstract of Research Proposal (maximum 1 page) \_\_\_\_\_

academic preparation

employment

research expertise

abstracts and publications with full citation indicate your contribution to the research - include those in preparation and submitted

teaching experience

4. Updated Curriculum Vitae in chronological order with dates

5. All Post-Secondary and Medical School Transcripts (copies acceptable) \_\_\_\_\_

6. References:

Confidential assessment forms should accompany **all** reference letters. Both documents should be sent by the referees directly to the Department of Medicine via email to joanna.king@utoronto.ca.

If the proposed supervisor is not providing a confidential assessment, include a letter from the proposed supervisor indicating his/her willingness to supervise.

1. \_\_\_\_\_  
Supervisor Name Office telephone number and e-mail address

2. \_\_\_\_\_  
Additional Referee Name Office telephone number and e-mail address

3. \_\_\_\_\_  
Divisional Director Name Office telephone number and e-mail address  
The letter should address plans for recruitment of the candidate (for medical students this should be from the Associate Dean of Undergraduate Education).

4. \_\_\_\_\_  
Royal College Training Director Name Office telephone number and e-mail address  
This letter should speak to the trainee's clinical training status.

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 by December 3.

Please send all materials to Joanna King at joanna.king@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 Joanna King. 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							
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Name of Referee

August 2018