

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

Application Deadline, November 22, 2019

PLEASE TYPE

NAME _____
FIRST MIDDLE LAST

HOME ADDRESS _____

POSTAL CODE

TELEPHONE () _____

BUSINESS ADDRESS _____

POSTAL CODE

EMAIL ADDRESS _____

PRESENT POSITION _____

PGY LEVEL/ DIVISION _____

SUPERVISOR AND PROPOSED LOCATION OF RESEARCH (if known) _____

PROPOSED PROJECT TITLE (or area of research) _____

DATE OF BIRTH _____

CITIZENSHIP _____

U of T Student Number _____

ANTICIPATED STARTING
DATE IN PROGRAM _____

APPLICANT'S SIGNATURE

DATE

COMPLETED FORM TOGETHER WITH APPLICANT'S STATEMENT OF INTENT, UPDATED CURRICULUM VITAE
AND COPY OF ALL POST-SECONDARY AND MEDICAL SCHOOL TRANSCRIPTS TO BE SCANNED AND EMAILED
TO:

Joanna King
Program Administrator
Elliot Philipson Clinician Educator Training
Joanna.king@utoronto.ca

APPLICANT'S NAME _____

PROPOSED PROJECT TITLE _____

STATEMENT OF INTENT

Please write a statement of intent outlining the reasons for your application to this program, no longer than two pages. Include an overview of your teaching and education experience and responsibilities to date. Please describe your interests in medical education and education research, including any past experience or ongoing scholarly work. Also describe your career goals and explain how these can be accomplished by participation in the Clinician-Educator Training Program.

CURRICULUM VITAE

Please attach a copy of your CV, organized chronologically according to the [Faculty of Medicine, University of Toronto template](#).

APPLICANT'S NAME

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APPLICANT CHECKLIST ✓

Application Form completed and signed	_____
Statement of Intent (maximum 2 pages)	_____
Curriculum Vitae	_____
Post-secondary and medical school transcripts (copies acceptable)	_____
References Letters (2 mandatory and 2 optional). These should be sent by the referees directly to joanna.king@utoronto.ca .	

If the proposed supervisor is not providing a confidential assessment, they should instead include a letter indicating his/her willingness to supervise. The supervisor letter should speak 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.

The letter from the [Postgraduate Residency Program Director](#) should speak to the trainee's clinical training status and, if relevant, successful completion of research blocks.

1.	Departmental Division Director (mandatory)	Office telephone number	Email
2.	Postgraduate Residency Program Director (mandatory)	Office telephone number	Email
3.	Supervisor (optional)	Office telephone number	Email
4.	Previous Supervisor (optional)	Office telephone number	Email

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NOTE TO THE REFEREE, application deadline November 22, 2019

The information provided is most important to the Eliot Phillipson Clinician Educator Training Program Committee in evaluating the suitability of the applicant for training as a future clinician educator. You are therefore asked to give detailed information about the applicant.

The letter of support should be no more than 2 pages and should outline the resident's demonstrated scholarly ability and future potential. Please comment, if you can, on the resident's background, motivation, perseverance (ability to carry through and complete projects), and critical thinking skills.

Please email your letter directly to the program administrator at Joanna.king@utoronto.ca .