

**THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA
CLINICIAN INVESTIGATOR PROGRAM
REGISTRATION INFORMATION**

Date: _____
Name of Resident: _____ RCPC ID#: _____
Year & School of Medical Graduation: _____
Specialty/subspecialty in which the research resident is enrolled: _____
Current Year of Training: PGY _____
Faculty of Medicine in which specialty residency is taking place: _____
Expected date of commencement of full time research component of CIP: _____
Source of Funding: _____

PROPOSED RESEARCH PROGRAM FORMAT

Postdoctoral Stream
Graduate Stream → Indicate degree awarded: MSc PhD Other (specify) _____
Date _____ at _____
(University)

Pathway: Continuous Training Distributive Curriculum Training Fractionated Training

Expected date of completion of CIP research component (mm/dd/yy): _____
Research Supervisor (please print): _____
Department: _____
University: _____
Location of Research: _____
Project Title (please print): _____

SIGNATURE OF RESIDENT: _____

VERIFICATION OF REGISTRATION IN CIP _____ (CIP Director)

VERIFICATION OF REGISTRATION IN THE GRADUATE STREAM BY THE GRADUATE SCHOOL AUTHORITY (DEAN or DELEGATE) OR VERIFICATION OF REGISTRATION IN THE POSTDOCTORAL STREAM BY THE ASSOCIATE DEAN, RESEARCH, FACULTY OF MEDICINE

Name (please print): _____
Position: _____
Signature: _____

ENDORSEMENT OF CONCURRENT CLINICAL/CIP PROGRAMS BY RESIDENCY PROGRAM DIRECTOR

Name (please print): _____
Signature: _____

FACULTY APPROVAL

(Dean, Postgraduate Medical Education)