

Date

Dr. Jason Berman
CIP Director
5849 University Avenue
Room C222, CRC Building
Halifax, NS B3H 4R2

Dear Dr. Berman:

The following is the supporting information required as part of the application from our resident to the Clinician Investigator Program (CIP) and is only valid if an agreement between the CDHA and the sponsor is reached:

Resident Name:

Program:

Level of Training:

Duration of proposed CIP training is:

Total amount of research time the Royal College standards permit to be counted towards Parent Training Program:

Total amount of CIP research time the Parent Training Program will approve and count towards this residents training:

Amount of CIP time that will be funded from sources other than Ministry funding:

The Sponsorship agreement and monthly salary/benefits billing should be sent to:

Sincerely,

Departmental Head Signature

AND

Program Director Signature