Important Note: Only participating Medical Schools will be eligible for this prize. To know if your school is participating please contact Rob Gallaher, CSCI Association Manager at: rob@gallaher.ca

This prize of $1,000 will be awarded annually for the best resident research project conducted during a RCPSC/CFPC training program at each Canadian medical school. Funding to support this initiative is provided by the Canadian Society for Clinical Investigation and the Canadian Institutes of Health Research.

**PRIZE**

A) $1,000 per resident in each medical school

B) complimentary CSCI membership for two years

C) a certificate signed by the CIHR and CSCI presidents

**ADJUDICATION**

Each medical school is free to choose its own adjudication process, but the adjudication committee must include the postgraduate education dean (or her/his delegate), and a clinical investigator who is a member of CSCI. For example, the adjudication committee might choose an awardee by reviewing written submissions (abstracts or manuscripts) from the winners of existing division and department residents' research competitions.

**PRESENTATION OF THE AWARD**

The award is presented to the winner by a CSCI member of the faculty. The winner is expected to make a short presentation on some aspect of clinical research. The presentation could be part of an existing division/department teaching activity e.g. Grand Rounds.

**APPLICATION AND DEADLINE**

Candidates should apply to the appropriate office at their faculty of medicine. Candidates should not apply directly to the CSCI.

The **deadline for nominations is MONDAY, JUNE 3, 2019.** Faculties of medicine should email their completed nominations to the CSCI Office at: rob@gallaher.ca
# CSCI/CIHR Resident Research Prize 2019
## Nomination Form

Nominee selected by the University of ___________________________

Nominee’s Name: _______________________________ Email: _______________________________

Nominee’s address where correspondence is to be sent (let us know of any subsequent change of address)

____________________________________________________________________________________

____________________________________________________________________________________

Social Insurance Number: __________________ Date: __________________

(for one time use only)

1. Title of Research Project: __________________________________________________________

____________________________________________________________________________________

2. The resident’s research was conducted in ____________________________

(name of postgraduate training program)

3. Have you received another award/recognition for this project? __________________________

4. Briefly describe your role in the project ______________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

5. Please attach a one page abstract (or manuscript, if available) describing your research.

6. Signatures: _______________________________ _______________________________

   Resident/Nominee                     Supervisor

7. Supervisor Print Name and Address:

____________________________________________________________________________________

Supervisor Email: ___________________________ Tel: __________________

# PLEASE EMAIL TO THE CSCI OFFICE BY MONDAY, JUNE 3, 2019

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