

CANADIAN SOCIETY FOR CLINICAL INVESTIGATION
SOCIÉTÉ CANADIENNE DE RECHERCHES CLINIQUES



CSCI RESIDENT RESEARCH PRIZE 2025

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: info@csci-scrc.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.

PRIZE

- A) \$1,000 per resident in each medical school
- B) complimentary CSCI membership for two years
- C) a certificate signed by the CSCI president

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 FRIDAY, JULY 4, 2025. Faculties of medicine should email their completed nominations to the CSCI Office at: info@csci-scrc.ca

CSCI Office
114 Cheyenne Way
Ottawa, Ontario K2J 0E9
Tel: 1.877.968.9449 Fax: (613) 491.0073
info@csci-scrc.ca csci-scrc.ca

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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 FRIDAY, JULY 4, 2025