

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

Date: \_\_\_\_\_ McGill ID #: \_\_\_\_\_

Name of Resident: \_\_\_\_\_ RCPSC 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: \_\_\_\_\_

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**PROPOSED RESEARCH PROGRAM FORMAT**

Graduate Stream  Postdoctoral Stream

Degree: MSc  PhD  Other  (specify) \_\_\_\_\_

Pathway: Continuous Training  Distributive Curriculum Training  Fractionated Training

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Expected date of completion of CIP research component (mm/dd/yy): \_\_\_\_\_

Research Supervisor (please print): \_\_\_\_\_

Department: \_\_\_\_\_

University: \_\_\_\_\_

Location of Research: \_\_\_\_\_

Project Title (please print): \_\_\_\_\_

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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)