

Date

Dr. Ashley Drohan
CIP Director
5743 University Avenue, Suite 98
Halifax, NS B3H 0A2

Dear Dr. Drohan:

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 NSHA and the sponsor is reached:

Resident Name:

Program:

Current Level of Training:

Duration of proposed CIP training is:

The portion of total research time that Clinical Residency (Parent) program agreed to count towards candidates overall residency training*:

**The Clinical Residency (Parent) program must refer to the program's Royal Collage Standards of Training (STRs) to confirm total allowable time, and provide the amount of time (all or a portion of the allowable) that will be counted towards the above noted resident's training.*

It is agreed that all remaining CIP research time requires sponsored funding. The NSHA Sponsorship agreement as well as where the monthly salary/benefits billing should be directed to:

Send NSHA Sponsorship agreement to:

Send monthly salary/benefits billing to:

Sincerely,

Departmental Head Signature

AND

Program Director Signature