



CANADIAN SOCIETY FOR CLINICAL INVESTIGATION  
SOCIÉTÉ CANADIENNE DE RECHERCHES CLINIQUES

## CSCI/CIHR RESIDENT RESEARCH PRIZE 2009

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, JULY 6, 2009.** Faculties of medicine should email their completed nominations to the CSCI Office at [csci@rcpsc.edu](mailto:csci@rcpsc.edu)

CSCI Office  
774 Echo Drive Ottawa, Ontario K1S 5N8  
Tel: (613) 730-6240 Fax: (613) 730-1116  
[csci@rcpsc.edu](mailto:csci@rcpsc.edu) [www.csci-scr.org](http://www.csci-scr.org)



**CSCI/CIHR RESIDENT RESEARCH PRIZE 2009**

**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, JULY 6, 2009**

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csci@rcpsc.edu www.csci-scrc.org www.cimonline.ca