



Personal Identification Number (P.I.N.)

**CIHR Committee / Board Application**

Family name	Given name <span style="float: right;">Middle initial(s)</span>
Title Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Prof. <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>

Stage of Career

Not yet begun  
  Early (5 years or less)  
  Middle (6 to 20 years)  
  Advanced (greater than 20 years)  
  Retired

Primary or Employment Affiliation	Secondary Affiliation
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Mailing Address	
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Phone - Primary	Phone - Secondary
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E-Mail Address	
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Correspondence preferred in  English <input type="checkbox"/> French <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Language competency</td> <td style="padding: 5px;">Read</td> <td style="padding: 5px;">Write</td> <td style="padding: 5px;">Speak</td> <td style="padding: 5px;">Understand</td> </tr> <tr> <td style="padding: 5px;">English (Yes or No)</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="padding: 5px;">French (Yes or No)</td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Other Languages:</td> </tr> </table>	Language competency	Read	Write	Speak	Understand	English (Yes or No)					French (Yes or No)					Other Languages:				
Language competency	Read	Write	Speak	Understand																	
English (Yes or No)																					
French (Yes or No)																					
Other Languages:																					

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**Academic / Training Background**

List all degrees obtained and those in progress (if applicable). Include research training, such as postdoctoral or fellowship training. For degrees / training in progress leave the end date blank. Include honorary degrees in the "Distinctions/Awards/Credentials" section.

Degree / Training Type	Degree Name	Specialty	Organization and Country	Start date (MM/YYYY)	End date (date received) (MM/YYYY)

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**Work / Volunteer Experience**

List your current position (if applicable), and all other positions, academic or non-academic, you have held since the beginning of your training. For your current position(s), leave the end date blank.

Position	Paid Position	Organization and Country	Start date (MM/YYYY)	End date (MM/YYYY)

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**Distinctions / Awards / Credentials**

List any recognitions received, including awards, fellowships, scholarships, licenses, qualifications, professional designation or credentials that you feel are most relevant to the Committee / Board you are applying to.

Type and Name	Organization and Country	Start date (MM/YYYY)	End date (MM/YYYY)	Specialty	Total Amount

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**Membership Experience**

List up to three of the most relevant governing bodies to which you have made a contribution. Include Advisory Boards, Boards of Directors and Governing Boards. In addition, list up to three of the most relevant community projects or partnerships that you have participated in.

Name of Advisory Board / Board of Directors / Governing Board	Position	Start date (MM/YYYY)	End date (MM/YYYY)
Name of Community Service Project or Partnership	Position	Start date (MM/YYYY)	End date (MM/YYYY)

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**Institute Selections and Sector Involvement**

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Identify the CIHR Institute(s) you are most interested in.

First Choice

Second Choice

Third Choice

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In which sector is your major involvement or affiliation? (select one)

Business / Industry   
Communications   
Education   
Ethics   
General Public

Government (Federal)   
Government (Provincial)   
Government (Municipal)   
Health Care Delivery   
Knowledge Translation

Non-Governmental Organization   
Patient / Health Care User   
Public Health   
Research   
Voluntary Organization

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Additional sectors where you have significant experience. (select all that apply)

Business / Industry   
Communications   
Education   
Ethics   
General Public

Government (Federal)   
Government (Provincial)   
Government (Municipal)   
Health Care Delivery   
Knowledge Translation

Non-Governmental Organization   
Patient / Health Care User   
Public Health   
Research   
Voluntary Organization

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Select the CIHR Theme(s) where you have significant research experience. (select all that apply)

Biomedical

Clinical

Health Systems and Services

Population and Public Health

None Apply

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**Expertise**

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List up to three (3) accomplishments that would make you a valuable member of the Institute(s) you are most interested in.

- 1 \_\_\_\_\_
  - 2 \_\_\_\_\_
  - 3 \_\_\_\_\_
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List up to five (5) Personal Strengths / Competencies / Skills.

Personal Strength / Competency / Skill	Support Detail(s)

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Indicate your discipline(s) or subject(s) of study as a list of up to ten (10) keywords. For applicants who are not researchers, indicate your areas of primary interest.


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**Comments**

In 25 lines or less, provide additional information that you wish to be considered during review of your application.