Canadian Institutes of Health Research

Instituts de recherche en santé du Canada

Personal Identification Number (P.I.N.)

CIHR Committee / Board Application

Family name	Given name	Middle initial(s)

Title

Dr. ☐   Mr. ☐   Mrs. ☐   Ms. ☐   Prof. ☐

Gender

Male ☐   Female ☐

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

Mailing Address

Phone - Primary

Phone - Secondary

E-Mail Address

Correspondence preferred in

English ☐   French ☐

Language competency	Read	Write	Speak	Understand
English (Yes or No)				
French (Yes or No)				

Other Languages:

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)

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	Start date (MM/YYYY)	End date (MM/YYYY)

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)

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

PRC Selection and Sector Involvement

Identify the Peer Review Committee(s) you are most interested in. For additional information on the mandates of each committee, refer to the [Peer Review Committees and Mandates](#) page on CIHR's web site.

First Choice:

Second Choice:

Third Choice:

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

Research ☐	Education ☐	Patient / Health Care User ☐
Public Policy ☐	Ethics ☐	Government (Federal) ☐
Health Care Delivery ☐	Knowledge Translation ☐	Government (Provincial) ☐
Non-Governmental Organization ☐	Business / Industry ☐	Government (Municipal) ☐
Communications ☐	General Public ☐	Voluntary Organization ☐

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

Research ☐	Education ☐	Patient / Health Care User ☐
Public Policy ☐	Ethics ☐	Government (Federal) ☐
Health Care Delivery ☐	Knowledge Translation ☐	Government (Provincial) ☐
Non-Governmental Organization ☐	Business / Industry ☐	Government (Municipal) ☐
Communications ☐	General Public ☐	Voluntary Organization ☐

Comments

In 25 lines or less, indicate why you are interested in serving as a community reviewer.