

**Randomized Controlled Trials Mentoring Program
Registration Routing Slip**

Complete and send this sheet with the original copy of your registration to ensure that it is forwarded directly to the appropriate CIHR departments and staff. This sheet should not be included in the copies.

This page is for CIHR's administrative use only.

Mentee	
Name	
University / Institute	
Position	
Address	
Telephone	
Fax	
E-mail	
Mentor	
Name	
University / Institute	
Position	



Application Number

Randomized Controlled Trial Mentoring Program Registration Form

Competition Date:	Proposed Start Date (MM/YYYY)
Mentee Surname	Given Names
Citizenship: Canadian <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	
University / Institution	Faculty / School & Department
Mentor Surname	Given Names
University / Institution	Faculty / School & Department
Project Title:	
Institution which will administer project funds (Institution Paid)	
Language in which proposal is written <input type="checkbox"/> English <input type="checkbox"/> French	
Descriptors Provide up to ten (10) keywords that best describe this research project.	
It is agreed that the general conditions governing Grants and Awards as well as the statements "The Meaning of Signatures on Application Forms" as outlined in the CIHR Grants and Awards Guide apply to any grant or award made pursuant to this application and are hereby accepted by the candidates and the candidate's institution.	
Signature of the Mentee	Signature of the Mentor
Print Name:	Print Name:
Date:	Date:
Version française disponible	

Randomized Controlled Trials Mentoring Program



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

ACKNOWLEDGEMENT TO THE MENTEE

This will acknowledge receipt of your registration.

Acknowledgement to be sent to:



Canadian Institutes
of Health Research

Instituts de recherche
en santé du Canada

ACKNOWLEDGEMENT TO THE MENTOR

This will acknowledge receipt of your registration.

Acknowledgement to be sent to:

Name of the Mentee and the Mentor

Summary of the mentoring plan and training environment

This section should be completed jointly by the Mentor and the Mentee. Both the proposed mentor and mentee must sign the last page to confirm the accuracy of the proposed mentoring plan (maximum 2 pages)

Randomized Controlled Trials Mentoring Program Registration / Application Checklist

Complete and forward this sheet with your registration / application.

NOTE: Both registration and the complete application packages must be assembled in the order listed.

ALSO NOTE: Please consult the How to Apply section in the description of the funding opportunity.

Registration: The original registration package and two (2) copies must be assembled and submitted to the address indicated below.

Complete Applications: The original application and five (5) copies must be assembled and submitted to the address indicated below.

Name of Mentee (Principal Applicant) _____ **Date** _____

A: Contents required for Registration Package	B: Contents required for complete Application Package
<input type="checkbox"/> Registration Form <input type="checkbox"/> Signatures Page: All signatures required. <input type="checkbox"/> Acknowledgement Page. <input type="checkbox"/> Summary of the mentoring plan <input type="checkbox"/> Applicant Consent Form for Use and Disclosure of Personal Information Provided to CIHR for Peer Review Registration CV (Validated for CIHR): <input type="checkbox"/> Page 1 Cover page: One for the Mentee and another one for the Mentor. <input type="checkbox"/> Page 2 Expertise: For the Mentee and another one for the Mentor	<input type="checkbox"/> Nomination Form <input type="checkbox"/> Signatures Page: All signatures required. <input type="checkbox"/> Acknowledgement Page. <input type="checkbox"/> Detailed mentoring plan and description of the training environment (maximum 12 pages) <input type="checkbox"/> Summary of the mentoring plan <input type="checkbox"/> Sponsor's letters of support for the Mentee <input type="checkbox"/> Sponsor's assessment forms for the Mentee <input type="checkbox"/> Copies of health professional degree and graduate research training of the Mentee <input type="checkbox"/> Proof of professional licensure of the Mentee <input type="checkbox"/> Copy of permanent resident document of the Mentee (if applicable) <input type="checkbox"/> Letters of Support from the Mentee's University/Institute (if different from the Mentor's) <input type="checkbox"/> Letter of Commitment from the Mentee <input type="checkbox"/> Letters of Support from the Mentor's University / Institute <input type="checkbox"/> Letter of Commitment from the Mentor Application CV (Validated for CIHR): <input type="checkbox"/> All pages of the Application CV are required for the Mentee and the Mentor.

Courier Address:

The registration / application must be courier stamped no later than the deadline date and sent to the following address:

Randomized Controlled Trials Mentoring Program
 Randomized Controlled Trials Unit
 Canadian Institutes of Health Research
 Room 97, 160 Elgin Street
 Address Locator: 4809A
 Ottawa, ON K1A 0W9