



Letter of Support - Community Reviewer Candidate

Reference

Name: Phone:
Title: Email:
Organization:
Mailing address: Signature:

Community Reviewer Candidate

Name: Phone:
Occupation: Email:
Organization:
Mailing address:

As a reference, please indicate why you think this individual would be an appropriate community reviewer (skills/knowledge/experience)

Send the completed form to:

Peer Reviewers' Initiative
Canadian Institutes of Health Research
160 Elgin Street, 9th Floor
Address Locator 4809A
Ottawa ON K1A 0W9
Email: comrev-exacol@cihr-irsc.gc.ca
Fax : (613) 954-1800