The Dr. Oksana Suchowersky and Dr. Chris Eagle Clinical Fellowship Application Form

Through the generosity and leadership of Drs. Suchowersky and Eagle, this fellowship was created to provide funding for a clinical fellowship in the subspecialty area of neuro-genetics for the development of expertise in clinical care, and clinical or translational research. This is in recognition that our health care system depends on equipping emerging clinicians and clinical-investigators with the tools and mentorship they need to improve health for patients.

NOTE: Protection of Privacy - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act and will be protected under Part 2 of that Act. It will be used for the purpose of general administration.

PART 1: PERSONAL INFORMATION

A. CANDIDATE'S INFORMATION

Name (Surname, First Name, Initials):	
Complete home mailing address:	Contact Numbers::
	Phone:
	Cell:
	E-mail address:

SIGNATURES

Signature of:	Printed Name	Date
Candidate:		

B. CANDIDATE'S CURRENT AND COMPLETED UNIVERSITY PROGRAMS

Submit all University level transcripts (Additional pages may be appended if necessary)

Degree/Diploma/Specialization/Faculty	University/Institution/Country	Dates of Enrolment FROM (Mo/Yr) TO (Mo/Yr)

C. UNIVERSITY ACADEMIC ACHIEVEMENTS (Prizes, Honors, Awards)

(Additional pages may be appended if necessary)

Prizes/Honors/Awards	Awarded By	Year Won/Held

D. RELEVANT WORK EXPERIENCE

Please also include research experience, if applicable.

FROM (Mo/Yr)	TO (Mo/Yr)	Position	Institution/Company/City/Country	Supervisor's Name

E. CANDIDATE'S PUBLICATIONS (if applicable)

Provide a list of your peer-reviewed scientific publications. List only papers that have been **published** or are **in press**.

F. LETTERS OF REFERENCE

Identify the individuals who have been should email the letters directly to Sha	n asked to submit a letter of reference on yo ailly.jain@ahs.ca	ur behalf. These individuals
Name	Institution/Organization	Email
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PART 2: PROPOSED CLINICAL TRAINING PROGRAM

Please provide a summary of the clinical training program to be undertaken (1 page maximum).