

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

PART 2: PROPOSED CLINICAL TRAINING PROGRAM

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

A large empty rectangular box with a thin black border, intended for the user to provide a summary of the clinical training program.