# Surgeon Scientist Program (SSP) Application Deadlines

The Office of Surgical Research (OSR) would like to remind all residents of the upcoming deadlines for the Surgeon Scientist Program (SSP). The SSP is a 1-year funded, highly competitive, degree-based program for research training of Residents within the Department of Surgery. The program provides the opportunity to develop effective skills to conduct high-quality basic and/or clinical surgical research.

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| **Deadlines** |  |
| Apply to SSP | November 01, 23:59MST |
| **Value** | $60,000 CAD |
| **Duration** | Maximum, 1 years |

* **The Surgeon Scientist Program is competitive and can only fund 1 year of salary support.**
* **Residents are also encouraged to consider application to the CSM Clinician Investigator Program (CIP).**
  + [**https://cumming.ucalgary.ca/cip**](https://cumming.ucalgary.ca/cip)
  + **Note the CIP deadline is October 1st, 2021 (for July or Sept 2022 start)**
  + **The CIP program requires a minimum 2 years’ time commitment**
* **The Candidate must discuss and obtain support from their respective residency training program director.**
* **Candidate must separately apply for admission to the graduate program most suitable to their research program.**

If you would like to receive more information regarding the application process for the Surgeon Scientist program, Please contact Katelyn Boomer, the Office of Surgical Research Administrative assistant at [osr@ucalgary.ca](mailto:osr@ucalgary.ca).

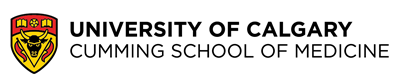
**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Surgeon Scientist Program Application checklist**

* 1. Completed Application Form (PDF)
  2. Common CV of the candidate (validated for CIHR)
     1. Available from the CCV website <https://ccv-cvc.ca/>
  3. Common CV of the supervisor(s) validated for CIHR
     1. Available from the CCV website [https://ccv-cvc.ca/](https://ccv-cvc.ca/indexresearcher-eng.frm)
  4. **\*THREE** “Reference's Assessment of a Candidate for the SSP”
     1. MUST use SSP form and be returned in an envelope, sealed at the source *OR* emailed directly from the Reference's email account.
     2. Available online (Fillable PDF) at <http://www.ucalgary.ca/osr/grants-awards>
     3. One must be from proposed supervisor
     4. One must be from candidate’s program director
     5. Other (ideally a previous research advisor)
  5. Letter of acceptance or application to the program can be sent to [osr@ucalgary.ca](mailto:osr@ucalgary.ca) once received.
  6. Copies of funding application cover pages (for all fellowships/awards/ scholarships)

# It is the responsibility of the Candidate to ensure that their application is complete by the due date.

# Due Date: November 1, 2021 @ 23:59 MST

Appendix I

Send this Application by November 1sr, 2021

**\* Please use the Checklist (Appendix I) to ensure that your Application is complete**

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| Today’s Date (m/d/yy) |  | |  | | | | | | | | | | | | | | | | | | | |
| Proposed SSP start date (m/d/yy) |  | | Estimated completion (m/d/yy) | | | | | |  | | | | | |  | | | | | | | |
| Candidate’s Name | First | | | | | | | Last | | | | | | | | | | | Other (previous) names | | | |
|  | | | | | | |  | | | | | | | | | | |  | | | |
| UC Student ID # |  | | | | | Citizenship | | | | |  | | | | | | | |  | | | |
| Current Address |  | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | Province | | | | |  | | | | Postal Code | | |  | |
| Permanent Address  (if different from current) |  | | | | | | | | | | | | | | | | | | | | | |
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| Preferred phone number |  | | | Pager # | | |  | | | | | |  | | | | | | | | | |
| UofC Email address |  | | | | | | Preferred email (if different) | | | | | | | | |  | | | | | |  |
| Degrees (BSc, MD etc.), Certificates or Licenses in progress | Description | | | | | | | | | | | | | | | Start date  (mm/yyyy) | | | | Completion date (or  expected) (mm/yyyy) | | |
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| **Supervisor(s)** | First Name | | | | Last Name | | | | | | | Department Affiliation | | | | | | | Email Address | | | |
| * Primary Supervisor |  | | | |  | | | | | | |  | | | | | | |  | | | |
| * Co-Supervisor (optional) |  | | | |  | | | | | | |  | | | | | | |  | | | |
| Research Project Title |  | | | | | | | | | | | | | | | | | | | | | |
| Provide *5 to* 10 keywords describing your research  project |  | | |  | | | | | |  | | | | | | |  | | | |  | |
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| Department where proposed research will be conducted | | | |  | | | | | | | | | | | | | | | | | | |

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| **Graduate Science Education Program (GSE)** | | | | | | | | |  |  |
|  | | Date applied  (m/d/y) | | Date  accepted | Date commenced | | | |
| Status of enrolment  (complete at least one) | |  | |  |  | | | |  |
| GSE Graduate Program | |  | | |  | Graduate Director  for program (MD/PhD) | | |  |
| Graduate Coordinator  for program | |  | | |
|  | GSE program Admin's Email | |  |
| Anticipated Degree | |  | | |
|  | | | | |
| Expected Completion Date | |  | | |
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| **Post-Graduate Medical Education Program (PGME)** | | | | | | | | | | |
| Clinical Department |  | | | | | | | | | |
| \*(Sub)Specialty  Program Director |  | | | | | | | | | |
| \*Department Head |  | | | | | \*Divisional  Head | |  | | |
| Current PGY Level |  | | PGY Level at Start of SSP | | | |  | | | |
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| **Proposed Thesis Advisory Committee (if applicable)**  **Note:** *At least one member of your advisory committee must be a PhD scientist* | | |
| Name (First, Last) | Primary Department | Specific GSE Department and Role  (e.g. roles: research expert, clinician) |
| Supervisor |  |  |
| Co-Supervisor |  |  |
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| **Your supervisory committee should consist of:** your supervisor, co-supervisor (if needed) and two additional members who can support your research. **At least one member must be a PhD scientist**. | | |

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| **References for Candidate**  References must use the ***Reference's Assessment of a Candidate for the SSP*** form. See download link below. | | | | | |
| **It is the responsibility of the Candidate to ensure that each of the following three people submit a**  ***separate SSP reference form* on their behalf:**   1. Proposed research supervisor 2. Specialty/subspecialty program director 3. Divisional, previous research advisors or other supervisors   **Note: All 3 references must be received on or before November 30th.** | | | | | |
| **References**  **Full Name (first, last)** | | **Relationship to**  **Candidate** (see 1-3 above) | **Email** | **Institution** | **Current Position Held in Institution** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

Reference PDF forms are available at [www.ucalgary.ca/osr/grants-awards](http://www.ucalgary.ca/osr/grants-awards) Completed forms may be emailed to [osr@ucalgary.ca](mailto:osr@ucalgary.ca) *only* if they are sent directly from the referee.

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| **In the table below, indicate the percentage of time you will spend on the following activities:** | |
|  | Percentage of time (number only) |
| * Research Work |  |
| * Course Work |  |
| * Teaching |  |
| * Clinical/On-call Work |  |
| * Supervision |  |
| * Other (specify below): |  |
| Total (must equal 100%) |  |

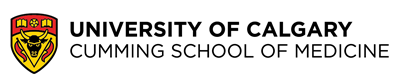
Other:

|  |  |
| --- | --- |
| **Lay Summary:** Provide a brief *non-technical* summary of your proposed research, written in  simple and clear language, suitable for a general audience   * In this abstract, indicate how your research ultimately can improve personal health, the health of populations and/or the health delivery system. | |
| Simple Title |  |
| Simple Abstract (Approximately 100 words) | |
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| Describe your research project  **Research Project**   * Provide a clearly conceived, technical summary including: background, research   (Please restrict length to 1 page) questions, aims and hypotheses, relevant statistics, methodology planned and  expected outcomes. | |
| Formal Project Title |  |
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| **TRAINING EXPECTATIONS**  Please note your response should be 2  pages in length. | Provide an overview of how your previous research training relates to your present proposal and elaborate on your career goals.   * Why do you want to be a Clinician Investigator?   Indicate why you decided upon the training environment (especially in terms of mentors), how you plan to leverage it, and what you expect to learn from the training experience. |

## Continue on next page >



**TRAINING EXPECTATIONS Continued from previous page**

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| **Proposed Research Environment**  Please restrict length to half a page | This section is to be completed by your supervisor.   * Discuss the role of the Trainee in this project and the relationship to your overall research program. * Describe the proposed work space, facilities, equipment. Describe the secretarial or   administrative support, and any funding that will be provided for this support. |

**External Funding**

* Trainees are encouraged to *apply* for external funding, which this is available through a variety of different agencies and organizations.
* See <http://cumming.ucalgary.ca/cip/potential-sources-funding>for a list of possible funding awards and agencies.

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| **FUNDING** | |
| Funding from (m/y) | to (m/y) |
|  |  |
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### List all of the external funding that you have, or will be applying for, within the first year of your program

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| **Name of Funding Organization** | | | | **Name of Award** | | | | |
|  | | | |  | | | | |
| Dates (m/d/y) | | | $ Amounts | | | Award Dates (m/y) | |  |
| Deadline | Submitted | Notification | Applied for | | Awarded | Start | End | Tax free? |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Funding Organization** | | | | **Name of Award** | | | | |
|  | | | |  | | | | |
| Dates (m/d/y) | | | $ Amounts | | | Award Dates (m/y) | |  |
| Deadline | Submitted | Notification | Applied for | | Awarded | Start | End | Tax free? |
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| **Name of Funding Organization** | | | | **Name of Award** | | | | |
|  | | | |  | | | | |
| Dates (m/d/y) | | | $ Amounts | | | Award Dates (m/y) | |  |
| Deadline | Submitted | Notification | Applied for | | Awarded | Start | End | Tax free? |
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**\*Please include copies of the cover pages for all of your funding applications (AIHS, CIHR, Scholarships, Foundation awards etc.), if available, along with this application.**

### PAGES 4-8 OF THIS APPLICATION WERE WRITTEN BY:

(check one)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Candidate | | | Proposed Supervisor | | | Both |
|  | | |  | | |  |
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**WE, THE UNDERSIGNED, agree that this application is accurately describe the proposed training program**

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date (m/d/y) |
| Candidate |  |  |
| Supervisor |  |  |

## Please obtain the following additional signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Person | Name | Signature | Date (m/d/y) |
| Clinical Department Head |  |  |  |
| Clinical Residency Program Director |  |  |  |

If manual signatures are used, please scan and submit this page (via email) along with the completed PDF application to [osr@ucalgary.ca](mailto:osr@ucalgary.ca)