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 or Extended 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.

Deadlines	
Apply to SSP	February 29, 2024 23:59MST
Value	$60,000 CAD
Duration	Maximum, 1 year
Start Date	July 1st, 2024

- **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).**

    o **[Clinician Investigator Program | Cumming School of Medicine | University of Calgary (ucalgary.ca)](ucalgary.ca)**

    o **Note the absolute CIP deadline is February 28th 2024 (for July 1,2024 start)**

    o **The CIP program requires a minimum 2 years' time commitment**

    o **Interested applicants must contact the CIP director, cip@ucalgary.ca**

- **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 Lovepreet Bhinder, the Office of Surgical Research Administrative assistant at osr@ucalgary.ca.

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Surgeon Scientist Program Application checklist

1. Completed Application Form (PDF) ☐

2. CV of the candidate (*Preference given to Common CV format, validated for CIHR) ☐

    a. Available from the CCV website https://ccv-cvc.ca/

3. Common CV of the supervisor(s) validated for CIHR ☐

    a. Available from the CCV website https://ccv-cvc.ca/

4. **TWO** "Reference's Assessment of a Candidate for the SSP"

    a. MUST use SSP form and be returned in an envelope, sealed at the source *OR* emailed directly from the Reference's email account.

    b. Available online (Fillable PDF) at http://www.ucalgary.ca/osr/grants-awards

    c. One must be from proposed supervisor ☐

    d. One must be from candidate's program director ☐

5. Letter of Graduate Studies acceptance or application can be sent to osr@ucalgary.ca once received. ☐

6. Copies of funding application cover pages (for allfellowships/awards/ scholarships) ☐

It is the responsibility of the Candidate to ensure that their application is complete by the due date.
Due Date: February 29, 2024 @ 23:59 MST

SSP Candidate Application

Application Due February 29, 2024

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

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)	

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)

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				

Department where proposed research will be conducted	

UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

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				

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	

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		

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**.

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

Note: All references must be received on or before Feb 29th, 2024.

	References **Full Name (first, last)**	**Relationship to Candidate** (see 1-2 above)	**Email**	**Institution**	**Current Position Held in Institution**
1					
2					

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

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)

Research Project (Please restrict length to 1 page)	Describe your research project • Provide a clearly conceived, technical summary including: background, research questions, aims and hypotheses, relevant statistics, methodology planned and expected outcomes.

Formal Project Title	

TRAINING EXPECTATIONS	Provide an overview of how your previous research training relates to your present proposal and elaborate on your career goals.
Please note your response should be 2 pages in length.	• 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

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.

FUNDING	
Funding from (m/y)	to (m/y)

List all of the external funding that you have, <u>or will be applying for</u>, within the first year of your program

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?

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?

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?

*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

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

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