

PROGRESS REPORT FOR RENEWAL OF ACHRI CLINICAL RESEARCH FELLOWSHIP IN CHILD HEALTH AND WELLNESS

ACHRI CLINICAL RESEARCH FELLOWSHIPS ARE INTERNAL AWARDS INTENDED TO PROVIDE SALARY SUPPORT TO MEDICAL RESIDENTS AND FELLOWS WHO WISH TO PURSUE RESEARCH TRAINING DURING THEIR RESIDENCY OR FELLOWSHIP YEARS.

RENEWAL DEADLINES

May 1* (or per special notice)

***WHEN DEADLINES FALL ON A STATUTORY HOLIDAY OR WEEKEND, APPLICATIONS ARE DUE ON THE NEXT BUSINESS DAY**

RENEWAL SUBMISSION CHECKLIST

- Renewal Form completed by the applicant
- Letter of support written by the supervisor

RENEWAL SUBMISSION INSTRUCTIONS

Progress Report is part of the application for renewal of ACHRI Clinical Research Fellowship support. The Report is to be completed by the trainee and his/her supervisor.

Renewal packages should be submitted no later than 5PM of the deadline date indicated on the ACHRI website, under ACHRI Clinical Research Fellowships. If possible, please submit the application and supporting documents as one single PDF file. Please submit application packages to ACHRI STEP at achri.training@ucalgary.ca.

**With any questions, please contact the ACHRI STEP office at
achri.training@ucalgary.ca or 403.220.8158**

APPLICANT: RESEARCH TRAINING PROGRESS

1. APPLICANT'S NAME:

2. APPLICANT'S EMAIL ADDRESS:

3. SUPERVISOR'S NAME:

4. SUPERVISOR'S EMAIL ADDRESS:

5. PLEASE LIST ALL THE PAPERS THAT HAVE BEEN PUBLISHED OR ACCEPTED FOR PUBLICATION WITH YOU AS AN AUTHOR DURING THE TERM OF THE ACHRI CLINICAL RESEARCH FELLOWSHIP. PROVIDE COMPLETE REFERENCES AND INDICATE IF PEER-REVIEWED OR NOT. **Attach an additional page if necessary.**

6. PLEASE LIST ALL THE CONFERENCE PRESENTATIONS YOU DELIVERED AS AN AUTHOR DURING THE TERM OF THE ACHRI CLINICAL RESEARCH FELLOWSHIP, PROVIDING COMPLETE REFERENCES, INCLUDING CO-AUTHORS, YEAR, TITLE, JOURNAL AND PAGE NUMBERS; AND NAMES OF CONFERENCES **Attach an additional page if necessary.**

7. PLEASE IDENTIFY OTHER PRESENTATIONS YOU DELIVERED TO AUDIENCES EXTERNAL TO YOUR TRAINING PROGRAM DURING THE TERM OF THE ACHRI CLINICAL RESEARCH FELLOWSHIP. **Attach an additional page if necessary.**

APPLICANT: RESEARCH TRAINING PROGRESS *Continued*

8. LIST COURSES, WORKSHOPS OR OTHER RELEVANT EDUCATIONAL ACTIVITIES IN WHICH YOU PARTICIPATED DURING THE TERM OF THE ACHRI CLINICAL RESEARCH FELLOWSHIP. **Attach an additional page if necessary.**

COURSE/ WORKSHOP/ EVENT TITLE	ORGANIZED/ OFFERED BY	DATES (DD/MM/YY)	GRADE (if applicable)

APPLICANT: PROJECT PROGRESS REPORT

9. PROJECT TITLE:

10. PROJECT DESCRIPTION AND PROGRESS **Must be written by the applicant. References should be provided on an additional page.**

SUPERVISOR: STATEMENT OF SUPPORT

11. SUPERVISOR'S REFERENCE LETTER AND SUPPORT FOR RENEWAL **please provide a reference letter from the supervisor supporting renewal of the fellowship and commenting on the progress of the trainee and his/her research project.**

Both applicant and supervisor(s) have carefully read and agree with the terms of reference for this award. We certify that the information contained in this form is true and complete.