



**APPLICATION to UBC CARDIOLOGY for RESEARCH OPPORTUNITIES**

*[Note: Appropriate completion of this form is a requirement but does not guarantee any response or commitment]*

**APPLICANT INFORMATION**

<b>Last name:</b>	<b>Legal First Name:</b>
<b>Mailing address</b>	<b>City:</b>
<b>Unit/Street:</b>	<b>Postal Code/Zip:</b>
<b>Province/State:</b>	
<b>Country:</b>	
<b>Email address</b> (an account you check regularly):	
<b>Phone number:</b>	
<b>State year of study, completed degrees, residencies, fellowships etc:</b> <i>NB: Attach copies of certificates for each</i>	
<b>Dates (To/From)</b>	<b>Description of Study / Training / Degrees</b>

[hit enter to create new rows]

<b>Proposed Start Date [YYYY-MM-DD]:</b>	
<b>Proposed End Date [YYYY-MM-DD]:</b>	
<b>FUNDING: Required Yes/No:</b>	
<b>If No, state source of funding:</b>	

<b>PROPOSED MENTOR/SUPERVISOR</b> – Identify 1-3 Members of UBC Division of Cardiology whose interests in research/clinical training align with yours*	
* <i>Read biosketches of SPH Faculty and VGH Faculty which can be found at <a href="http://www.ubccardio.com">www.ubccardio.com</a></i>	
<b>1.</b>	
<b>2.</b>	
<b>3.</b>	

<b>STATEMENT OF INTENT:</b> <i>To assist with the process, describe why you are interested in pursuing this particular research or clinical opportunity, what you hope to gain from your</i>
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**participation and how this opportunity will contribute to your current or future educational and/or career goals.**

[ this window will expand as you type]

**PROJECT OR TRAINING NEED: *If you have a specific research project or training need already identified, please provide a brief summary [300 words maximum]:***

[ this window will expand as you type]

**PLEASE ATTACH THE FOLLOWING:**

Please list and number accordingly ALL attachments:

**1. Copies certifying medical school enrollment, medical degree, completion of residencies or fellowships, current local medical licence.**

a.

b.

c.

d.

e.

**2. Current CV**

**3. Up to 3 pdf's of publications:**

a.

b.

c.

**4. DO YOU BRING FUNDING? IF YES, INDICATE FUNDING SOURCES**

(Please, also provide agency funding letter)

a.

**EMAIL COMPLETED DOCUMENTS TO:** [constance.bos@ubc.ca](mailto:constance.bos@ubc.ca) Research Manager, The UBC Division of Cardiology

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**Date of submission: [YYYY-MM-DD]:**



UNIVERSITY OF BRITISH COLUMBIA  
DIVISION OF CARDIOLOGY  
CARDIOVASCULAR EXCELLENCE IN ACTION



**Providence  
Health Care**  
How you want to be treated.

**Vancouver  
Coastal Health**  
*Promoting wellness. Ensuring care.*