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| TRAINING IN PERIOPERATIVE SCIENCES (TIPS) APPLICATION |
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| Name of Applicant: |  |
| Applicant Department: |  |
| Name of Sponsor/Mentor: |  |
| Mentor Department: |  |
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| Project Title: |  |
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| Project Summary:(300 words maximum) |  |
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| Career Development Plan (briefly describe specific goals and plans to achieve goals related to career development and training during the grant period. 300 words maximum). |  |
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| Attach:* 1-page specific aims
* Curriculum vitae of applicant (interest, not accomplishments is the most important factor) Curriculum vitae of mentor
* “Other Support” document of mentor
* Two letters of recommendation, including one from the research mentor
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| The **Sponsor** certifies that:Funds/Resources (Departmental/external) are available to the Applicant for the duration of the Project.The applicant will be given 75% effort for his/her research for the 2 year period.He/she will provide strong and consistent mentorship to the applicant and conform to the rules of this training grant. |
| Name: |  | Signatureand Date: |  |
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| The **Applicant** certifies that:He/she will devote 75% of his/her effort in pursuing the goals of this project for a period of 2 years.He/she will provide timely reports and conform to the rules of this training grant. |
| Name: |  | Signatureand Date: |  |

Comments: