

Collaborative Specialization in Musculoskeletal Health Research (CMHR)

Applicant Data:				,		
Salutation:	Mr.	Ms.		Dr.		
F	_			_		
Family Name:		Given Name(s):				
Date of Birth		Gender:		Male	Female	
	-dd-yyyy	Gender.		Iviaic	Temate	
Citizenship: Canadia		Resident Student Vi	sa Other		Specify	
	_	_	_			
Mailing Address:						
	, NT 1					
Street Number, Street Name, Apart	ment Number					
City	Pr	ovince/State	Postal/Zip C	ode		
Country	_					
Contact Information:						
Contact Information.						
II N N 1		7 1 D1 NT 1	<u> </u>	1 D1 N 1		
Home Phone Number		ork Phone Number	Mobi	Mobile Phone Number		
Fax Number	Email Address					
Application Details:						
For which level of training are you						
Master's Ph	D	Post-doctoral	Clinician	Scientist in Trai	ning	
	D 1.	CMIID	D 1.C)	(IIII)		
Have you previously applied f CMHR?			Proposed CN End Date	ЛНК		
CMHK!						
Yes No		mm-dd-yyy	у		mm-dd-yyyy	
100						
State your home department/school during the tenure of this award, as well as the official start and expected end date of your degree						
program.						
Home						
Department/School: Degree Start/End Dates:						
SCHOLARSHIPS/AWARDS						
Title/Description	Annual Value	Start/End Date		Status		
				ending \Box		
				ending \square		
				ending \square		
*It is the trainee's responsibility to inj	orm CMHR immediate	ely if funding changes during	the term of their p	rogram.		
CMIID Monton		Dan anten and /0 :1:	a a le			
CMHR Mentor: Department/School:						
CMHR Co-Mentor:		Department/Sch	ool.			
		Doputinent ben				
CMHR Co-Mentor:		Department/Sch	ool:			
(if applicable)			(if applicable)			

Project Title:					
Provide a title for your project that would be suitable for posting on the CMHR website.					
Lay language summary of the proposed research project:					
Provide a non-confidential, plain-language summary of the project that would be suitable for posting on the CMHR website (max. 150 words).					
(To be completed by Trainee with input from the CMHR Mentor)					
Mentorship and resources in the training environment:					
Briefly highlight elements of the research milieu that will contribute directly or indirectly to the quality of the candidate's research					
training experience in MSK health research (max. 150 words).					
(To be completed by the CMHR Mentor)					

Description of Proposed Research Project:					
Outline the proposed research project including Background and Rationale; Objectives; Hypotheses (if applicable); Methods; Importance of					
potential findings to MSK health; Plans for knowledge translation (max. 500 words).					
(To be completed by Trainee with input from the CMHR Mentor)					

Additional Documentation Checklist (Graduate Students)					
L	Candidate Curriculum Vitae				
L	Official Transcripts – undergraduate and graduate (if applicable) training NOTE: Official transcripts for institutions other than Western must be sent in hardcopy by standard mail				
Additional Documentation Checklist (Post-Doctoral/Clinician Scientists in Training)					
L	Candidate Curriculum Vitae				
L	Official Transcripts – graduate and/or health professional training NOTE: Official transcripts for institutions other than Western must be sent in hardcopy by standard mail				
	License – in the case of health professionals, a copy of the candidates Canadian license is required				
Declarations and Signatures:					
 The CMHR Specialization offers a number of unique opportunities designed to enhance the career development of trainees. CMHR trainees are expected to participate in the following activities: Spend a minimum of 75 percent of time in research training. Successfully complete the MSK9000, MSK9100 course requirements (graduate students) and any other program requirements offered during the tenure of your award. Attend at least 75% of the Bone and Joint Seminar Series. Participate in course/workshop development (PDFs, clinician scientists in training) Take part (i.e. oral or poster presentation) in the Annual Bone and Joint Retreat or Canadian Bone and Joint Conference. Submit an annual progress report describing your research progress and accomplishments, publications, presentations, awards and participation in enrichment activities. 					
Your abil	ity to participate fully in these opportunities may depend on your career stage upon er	ntry into CMHR.			
I agree to participate in all required activities described above as part of CMHR and agree that all information in this application is accurate and complete to the best of my knowledge.					
	Signature of applicant	Date			
I confirm the above information is accurate and I support my trainee's application for, and participation in, CMHR.					
	Signature of primary mentor	Date			

Please upload completed applications to OWL: https://owl.uwo.ca/portal/site/1536738a-6725-4374-8a73-484f6d9b5939 For further inquiries, please contact: CMHR - Program Assistant 519-661-2111 x34477 cmhruwo@uwo.ca