

2010-2011 CPSI PATIENT SAFETY FELLOWSHIP APPLICATION FORM

Application Checklist

The following is a checklist to help you ensure you have completed and submitted the required components of the application:

- CV.** The CV is not to exceed ten pages and must include a summary of work-to-date in patient safety. If the CV exceeds ten pages, only the first ten pages will be forwarded to the Review Panel.
- Contact information and original signatures.** (Missing original signatures will disqualify the application from further consideration):
 - Candidate.** The individual who will be the overall project lead.
 - Institutional Support.** The person who signs the letter of support from the candidate's institution must also sign the application cover page to confirm their support for the activities outlined in the form.
 - Financial lead.** This is the individual who will be responsible for the financial administration of the fellowship funds if recommended. They must maintain financial records and provide CPSI with the required financial statement.
- Completion of each application section.** (short descriptive title, rationale, fellowship description, timeline, budget and budget justification)
- Original signed letters:**
 - Letters of reference.** Two letters of reference must be provided.
 - Letter of support from the candidate's institution.** Letter must be signed by an individual who is authorized to commit to releasing the candidate to allow full participation in the activities proposed in the application. The candidate cannot provide this commitment.
- Applicants must submit the original plus three additional paper copies of the complete application. The copies must be single-sided and stapled once in the upper left corner. All required documentation must be attached to each copy of the application. CPSI will not duplicate any material on behalf of the applicant. Applications submitted by fax will not be accepted.
- In addition, applicants must submit an electronic version of the completed form in MS Word format (excluding attachments) to rfa@cpsi-icsp.ca.

Please note that the ONLY allowable attachments are:

- required candidate CV;
- letters of reference; and
- letter of support from candidate's institution.

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All other relevant information must be included within the application form. Any other documents attached to the proposal will NOT be forwarded to the peer/merit review panel for consideration.

Complete packages must be received at the CPSI office no later than November 17, 2009 at 12:00 p.m. MT.

Please courier completed applications to:

**2010-2011 CPSI Patient Safety Fellowship
Canadian Patient Safety Institute
Suite #1414, 10235 101 Street
Edmonton, AB T5J 3G1**

Please refer to the 2010-2011 CPSI Patient Safety Fellowship Announcement document for additional information when completing the application.

Should you have any questions or need for clarification, please email CPSI at rfa@cpsi-icsp.ca. To ensure consistency of information provided, telephone responses to queries will not be accommodated.

Please do not alter the format of this form in any way (i.e., remove the text boxes, delete text, or modify margins, page length, or font which is pre-set to Times New Roman 12-point font). Applications that do not use the format as presented will be disqualified.

PREVIOUS COMPETITION

2010-2011 CPSI Patient Safety Fellowship Application Form

Signatures/Acceptance of Terms

Please complete all sections highlighted in "grey" unless specified.

Candidate

Mr./Mrs./Ms./Dr.		Name	
Title/Department			
Organization			
Mailing Address			
City		Province	Postal Code
Telephone	(xxx) xxx-xxxx ext. xxxx	Fax	(xxx) xxx-xxxx
E-mail			
Original Signature		Date (mmm/dd/yy)	

Preferred Language of Correspondence (please check the appropriate box)	<input type="checkbox"/>	English
	<input type="checkbox"/>	French

Institutional Commitment

This individual must be authorized to commit to releasing the candidate to allow full participation in the activities proposed in the application. The candidate cannot provide this commitment.

Mr./Mrs./Ms./Dr.		Name	
Title/Department			
Organization			
Mailing Address			
City		Province	Postal Code
Telephone	(xxx) xxx-xxxx ext. xxxx	Fax	
E-mail			
Original Signature*		Date (mmm/dd/yy)	

* Signature on the application form confirms the institution's commitment to providing the candidate with salary support during the fellowship period and release time and support for the work and activities outlined in the form.

Financial Lead

Will be responsible for the financial administration of the fellowship funds. He/she must maintain financial records and provide CPSI with the required financial statement. The candidate cannot act as the financial lead.

Mr./Mrs./Ms./Dr.		Name	
Title/Department			
Organization			
Mailing Address			
City		Province	Postal Code
Telephone	(xxx) xxx-xxxx ext. xxxx	Fax	(xxx) xxx-xxxx
E-mail			
Original Signature		Date (mmm/dd/yy)	

Fellowship Details

*Reminder: The total length of the following sections **must not exceed six-pages** (excluding references, allowable attachments, and feedback section). Please do not alter the format of this form in any way (i.e., remove the text boxes, delete text, or modify margins, page length, or font which is pre-set to Times New Roman 12-point font). Applications that do not use this format as presented will be disqualified.*

Short Descriptive Title

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Rationale – maximum two pages

This section should include the following:

- *outline of how the candidate will benefit from the fellowship and how their professional role will be enhanced by the opportunity;*
- *the candidate's knowledge of Canada's health care system and patient safety issues;*
- *description of the candidate's research and communication experience;*
- *identification of the critical patient safety issue which will be addressed; and*
- *description of the candidate's future career plans.*

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Fellowship Description – maximum three pages

This section should include the following:

- *the overall fellowship objectives;*
- *the question(s)/methods that will be explored in the project/research portion of the fellowship;*
- *a plan for gaining an in-depth understanding of their area of study and enhancement of methodological skills;*
- *information regarding how the candidate will build their national/international network of experts in patient safety; and*
- *a plan for disseminating and transferring the knowledge gained during the fellowship to their home organization and beyond.*

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Timelines – maximum ½ page

Dates for key fellowship milestones as outlined above. The fellowship duration is 12-months and must commence no later than July 1, 2010.

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Budget and Budget Justification – maximum ½ page

The maximum CPSI contribution to the Fellowship activities is \$50,000. This section should include an overview and justification of how the funds will be used, specifically in relation to travel and research locales.

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References

*Please use this space to provide a list of references (one page maximum). This section is **not** included as part of the six-page limit applied to the fellowship details section.*

PREVIOUS COMPETITION

Feedback (optional)

This section is intended to enable the applicants to provide feedback to CPSI on how the application process could be improved in future Competitions. Comments will not be provided to the peer/merit review panel and will not prejudice the application in the review process.

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