**CLINICAL BURSARY AWARD**

**Form B - to be completed by Program Director**

**IMPORTANT:**

* Please send this form to Sally Crawford ([peds.admin@muhc.mcgill.ca](mailto:peds.admin@muhc.mcgill.ca)) by **September 15th**.
* Applicant must be eligible for, and apply to postgraduate training online through the Postgraduate Medical Education website: [http://www.mcgill.ca/pgme/admissions](http://www.mcgill.ca/pgme/admissions/apply). Program Directors should ensure that the applicant has completed this step **by September 1st**.
* Prior to being put forth as an applicant for the bursary award, McGill eligible applicants must be evaluated and deemed acceptable by the Program Director (through interviews and review of application)
* The office of the Chair (through the Administrative and Student Affairs Coordinator) will notify the Program Director and the Postgraduate Medical Education Office whether the applicant was successful through the bursary award competition.
* The **final offer** to the candidate to train in a postgraduate medical program at McGill University is made **through the Postgraduate Medical Education office** of the Faculty of Medicine, once all postgraduate requirements have been met.

**NOTE: International trainees are not eligible to write Royal College of Physicians and Surgeons of Canada (RCPSC) exams. Please refer to** [**Clinical Bursary Award in Pediatrics – Program Director Instructions**](https://www.mcgill.ca/peds/education-training/pgme/funding) **for more information.**

## General Information

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| --- | --- | --- |
| Applicant Name: |  |  |
|  | Last | First |

|  |  |
| --- | --- |
| Program: |  |

|  |  |
| --- | --- |
| Program Director: |  |

|  |  |  |
| --- | --- | --- |
| Training Period: | 1 Year | 2 Years |

## 2. Proposed Training Program Outline

**a) Clinical Component (minimum 70%):**

Please provide a detailed description of the proposed clinical component of training. Include a proposed weekly, monthly, or annual schedule, as well as provisions for on call responsibilities for the applicant. **(MAXIMUM 500 words)**

**b) Research component (maximum 30%):**

Please provide a detailed description of the components of the proposed research training program, including resources and infrastructure available to the applicant. **(MAXIMUM 500 words)**

## 3. Academic Environment

Describe the academic environment that will be available to the trainee (i.e. rounds, seminars, journal club).

## 4. Trainees’ List

List all trainees with their respective supervisors, who have trained (within the division), in the past five years:

|  |  |
| --- | --- |
| **Trainee** | **Supervisor** |
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## 5. Program Director’s Recommendation Letter

Please attach your recommendation letter at the end of this form. The program director’s recommendation letter **must** contain the following items:

* 1. The explanation of how the candidate has been evaluated and selected by the program/program committee.
  2. A statement outlining that the candidate would be acceptable to the program should he/she be successful with the Clinical Bursary Award competition.
  3. Insights related to the applicant’s referees, if known ex. referee is an internationally-recognized researcher, referee rarely writes such positive comments etc…,
  4. Address any potential concerns highlighted in the reference letters ex. based on our interview with the applicant, the comment related to *xyz* is not a concern because….
* Other items can be added to the recommendation letter at the discretion of the program director.
* Any concerns from the reference letters should be kept confidential from applicants yet explored discretely in the interview AND addressed in the Program Director’s Recommendation Letter to the Clinical Bursary Award Committee.

## 6. Candidate Ranking

If the program director submits two applicants for consideration, the program director must send a ranking of the two candidates in a separate document labelled “Applicants’ ranking”. This ranking will not be disclosed to the committee, but will be considered in the final selection of candidates.

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| --- | --- | --- | --- |
| Program Director Signature: |  | Date: |  |