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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: | | |  | | | | |
|  | | | | | | | |
| Project Title: | | |  | | | | |
|  | | | | | | | |
| Project Summary:  (300 words maximum) | | |  | | | | |
|  | | | | | | | |
| 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). | | |  | | | | |
|  | | | | | | | |
| 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 | | | | | | | |
|  | | | | | | | |
| 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: | |  | | | Signature  and Date: | |  |
|  | | | | | | | |
| 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: |  | | | Signature  and Date: | |  | |

Comments: