

## **IMPORTANT NOTICE**

### **Policy on Incomplete Applications**

All applicants are strongly cautioned to carefully READ and FOLLOW the instructions and requirements outlined in the "Guidelines for Applicants" and the Check-list page of the application form.

In order to maintain the principle of fairness to all, regulations MUST be adhered to in the preparation of Grant-In-Aid or Personnel Award applications. ANY infraction of the rules will lead to the truncation or immediate rejection (without appeal) of the application. These regulations have the advantage of being unambiguous for applicants, easily enforceable by staff and/or review panels, and absolutely fair and equitable for all applicants.

See the "Frequently Asked Questions" for more information.  
([www.hsf.ca/research/en/frequently-asked-questions](http://www.hsf.ca/research/en/frequently-asked-questions))

**HEART & STROKE, ONTARIO  
CLINICIAN-SCIENTIST PHASE II APPLICATION 2018/2019  
CHECKLIST**

**COMPLETE AND FORWARD THIS CHECKLIST WITH YOUR APPLICATION**

**Name of Applicant**

**Date**

**A. CONTENTS OF COMPLETE APPLICATION**

One PDF copy of the full application package must be assembled and submitted on a **memory stick** in the following order to Heart & Stroke (H&S) at the address below, along with a printed copy of the last page of the application form with either original signatures, a scan of original signatures, or electronic signatures (note: the expectation is that an electronic signature will hold the same weight as an original (wet) signature):

- |   |   |
|---|---|
| <input type="checkbox"/> Completed application form, including signatures page  | <input type="checkbox"/> First page of each published paper or galley proof, within the last 5 years                    |
| <input type="checkbox"/> Research history and career goals  | <input type="checkbox"/> For each manuscript in press, a copy of the letter from the editor and the title/abstract page |
| <input type="checkbox"/> Executive summary of the proposed program of research  | <input type="checkbox"/> Applicant's Common CV  |
| <input type="checkbox"/> Details of proposed program of research  | <input type="checkbox"/> Mentor's Common CV (where applicable)  |
| <input type="checkbox"/> Copy of proof of current license to practice from a recognized regulatory body   | <input type="checkbox"/> Appendices   |
| <input type="checkbox"/> Applicants who have completed a Phase I award may append up to five publications - articles, presentations, abstracts, books/book chapters - that have arisen from the individual's program of research supported by the Phase I award |   |

**B. ENCLOSURES** Additional information to be included.

- Signatures page. Please print the last page of the application form and obtain either original signatures, a scan of original signatures, or electronic signatures. This page must be sent along with the memory stick containing your complete application.
- Three referee assessment forms in signed and sealed envelopes. These assessment forms will be attached to your application by the H&S.

**C. GRANT-IN-AID APPLICATION**

- Yes    No   Have you submitted a Grant-in-Aid application to Heart & Stroke this year?
- Yes    No   If yes, is your eligibility for the CSII award contingent upon receiving the H&S Grant-in-Aid funding? (i.e. meeting operating funding requirements)

**D. MAIL/COURIER**

The application package must be received by the Heart & Stroke no later than 16:00 (EDT) on 8 September 2017 and sent to the following address:

Research Department  
Heart & Stroke  
110-1525 Carling Avenue  
Ottawa, Ontario  
K1Z 8R9  
Attention: Ontario Clinician-Scientist Award (Phase II)

**E. QUESTIONS RE: PROGRAM GUIDELINES/ELIGIBILITY**

Please contact the H&S Research Office: [research@heartandstroke.ca](mailto:research@heartandstroke.ca)

**F. CONFIRMATION OF APPLICATION SUBMISSION**

The H&S will acknowledge receipt of applications via email to the applicant listed. Allow four weeks for application processing before acknowledgement is sent.

Name:

HEART & STROKE, ONTARIO  
CLINICIAN-SCIENTIST PHASE II AWARD APPLICATION 2018/19

1.	Name of Applicant (Last name, first name, initial)	Salutation	*Date of Birth (mm/dd/yyyy)																				
			<input type="checkbox"/> Male <input type="checkbox"/> Female																				
<p>*Providing your date of birth on the application form is optional. However, this information will ensure accurate identification of applicants and will assist the Heart &amp; Stroke (H&amp;S) with statistical purposes. This information will NOT be transmitted to any entity outside of the H&amp;S.</p>																							
2.	Mailing Address	Telephone	Ext.																				
		Fax																					
		E-mail																					
3.	Present Appointment (academic level, title, department, institution and start date)																						
	<input type="checkbox"/> Check if this will be the institution administering this grant if awarded. If not, identify the administering institution:																						
4.	Anticipated Appointment (academic level, title, department, institution) at start date of this H&S award, if different from above																						
5.	Principal Mentor name, and other members of the mentoring team (as applicable), including departments, institutions, addresses																						
6.	Name of other agencies to which application has been made or will be made for personnel award support																						
	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Agency</th><th style="width:45%;">Award name</th><th style="width:30%;">Anticipated decision date</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			Agency	Award name	Anticipated decision date																	
Agency	Award name	Anticipated decision date																					
7.	Identify <b>existing or planned operating grant support that will form part of your research program</b> , as described in this application, if this H&S personnel award is successful. Please identify your role on the grant, whether as Principal Investigator, Co-Principal Investigator, Co-Investigator or Co-Applicant.																						
	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:25%;">Agency</th><th style="width:35%;">Project name</th><th style="width:15%;">Role</th><th style="width:10%;">Term</th><th style="width:15%;">Planned or Existing?</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Agency	Project name	Role	Term	Planned or Existing?															
Agency	Project name	Role	Term	Planned or Existing?																			
8.	Title of program of research (12 words or less)																						

Name:

9.	List no more than five key words which describe your program of research. Using the research classification list ( <a href="http://www.hsf.ca/research/sites/default/files/res_class_list04.pdf">www.hsf.ca/research/sites/default/files/res_class_list04.pdf</a> ), please select appropriate entries for level of organization, methodology, specialization and clinical entity as they pertain to the proposed your research.			
	Keywords			
	Levels of Organization	Methodologies	Specializations	Clinical Entities
10.	Estimate what proportion of the proposed program of research falls under the following four health research themes. The total of all themes should equal 100%.			
	_____ % Basic Biomedical	_____ % Health Services/Systems		
	_____ % Clinical	_____ % Social, Cultural, Environmental, Population Health		
11.	H&S may approach industry and/or other funding sources for partial funding of an award it has approved. Award information of funded individuals who wish to be considered will be provided to prospective/existing donors in an effort to match donor interests with funded awards. Successful matches would result in donor stewardship activities, inevitably involving the awardee directly. Please indicate if you are willing to be considered, should this proposal be funded. <input type="checkbox"/> Yes <input type="checkbox"/> No			
12.	For statistical and administrative purposes, please check the appropriate box to indicate the focus of this research proposal (at the broadest level). <input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> Both Stroke and Heart Disease			
13.	<p><b>Research History and Career Goals</b></p> <p>Describe prior research experience and plans for your research career. Include information on research training and accomplishments, collaborations, inter-disciplinary and KTE activities, and support of trainees, as applicable. Applicants who have completed Phase I should incorporate research that was enabled by the Phase I award.</p> <p><b>Not to exceed two pages.</b> Please summarize your research experience and prepare your report on separate sheets and organize them using appropriate formatting and headings. <b>Attached pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font. Condensed type or spacing will not be acceptable.</b> A margin of no less than 2 cm around the page is needed. No photo-reduction except for figures. Additional pages may be appended for a reference list.</p>			
14.	Name the regulated health discipline in which you are currently licensed to practice in Ontario, <b>and include a copy of certification.</b>			
15.	If there has been any interruption in the pursuit of your research career either in, or subsequent to training, list the period and reason for the interruption.			

Name:

16. Please only answer this question if you are proposing to conduct your program of research in the same university/department and under the same mentor in which undergraduate degrees were obtained or where post-graduate research training took place. Please elaborate how the training and research environment will support you in building an independent research career.

17. **Publications Summary**

Applicants are expected to demonstrate research productivity and influence as shown by peer-reviewed publication(s) appropriate to career level and standards within their discipline or area of research. A detailed list of publications appears in the Common CV. On this page, provide a summary of the information indicated, along with required attachments. (N.B. Phase II applicants who have completed a Phase I award may append up to five major publications - articles, presentations, abstracts, books/book chapters - that have arisen from the individual's program of research supported by the Phase I award.

Total number of:                      Papers \_\_\_\_\_                      Abstracts \_\_\_\_\_

Of the total number of papers, please provide a breakdown of the following:

- \_\_\_\_\_ Number of 1<sup>st</sup> author papers
- \_\_\_\_\_ Number of senior or last author papers
- \_\_\_\_\_ Number of other co-authored papers
- \_\_\_\_\_ Number of papers published since Assistant Professor appointment (or equivalent)

In addition, the applicant must:

- Include first page only of each published paper or galley proof, within the last five years
- Include a copy of the letter from editor as well as the title and abstract page for each manuscript in press

Name:

### PRINCIPAL MENTOR'S STATEMENT

The Statement is required in Phase II if the applicant has identified a principal mentor.

18.	Name of Principal Mentor	Phone
	Email	

Provide an overview of what the mentorship will provide to the candidate.

Resources, programs and technologies that will be made available to the candidate.

Specific knowledge, skills and experience that will be acquired by the candidate and how these will contribute to their development as an independent and influential researcher.

Indicate what the contribution of the candidate will be to the proposed program of research.

Describe the specific involvement of you and other members of the mentoring team (as applicable) in the research program, and how you will facilitate the development of the applicant towards being a successful independent investigator.

Name:

## INSTITUTIONAL STATEMENT

To be completed by the Dean and Department Head (or institutional equivalents). Not to exceed one page.

19. Name of Dean

Name of Department Head

Provide a critical appraisal of the applicant and the proposed program of research.

Provide your commitment that 75% of the applicant's time will be protected for the proposed program of research and describe how the remaining 25% will be spent. Activities included in the latter cannot impinge upon the time protected for research.

Provide details on the specific commitments – financial and/or in-kind – of the host institution in support of the applicant. This may include, but is not limited to, additional stipend support, research operational support, travel allowances and/or in-kind support.

Provide an outline of plans for the continuation of the applicant's program of research after the Phase II award has been completed.

**Name:**

**20.** If you applied unsuccessfully to the H&S Ontario Clinician-Scientist competition(s) prior to this application, provide a response to peer review comments received.

**21. Applicant to provide an executive summary of the proposed program of research, not exceeding one page.** Attached page should be single-spaced using either 12 point Times New Roman or 11 point Arial font. Condensed type or spacing will not be acceptable. A margin of no less than 2 cm around the page is needed.

Applicant to describe overall theme or questions to be addressed by this research program, what contributions s/he believes will be made to the field and how the program aligns with the funding program objectives, as described on page 1 of this application package.

**22. Details of Proposed Program of Research**

Applicant to describe overall theme or questions to be addressed by this research program. Briefly address hypotheses to be tested, knowledge to-date, anticipated results and conclusions, and possible problems. Proposals should address the following areas:

- Overall focus of research program
- Sources of funding for all included projects within the program, existing and planned
- How research program aligns with funding program objectives (see page 1 of this application package)
- Research environment
- Information on inter-disciplinary aspects of the program, roles of collaborators/co-investigators/team members
- Anticipated contributions toward the field
- Strategies and activities related to KTE\*
- Roles of trainees with the program

Applicants must limit their proposal to **six pages, excluding** references, tables, charts, figures and photographs. Attached pages should be single-spaced using either 12 point Times New Roman or 11 point Arial font. A margin of 2 cm around the page is needed. Condensed type or spacing is not acceptable. Appendices, if applicable, should be attached after the Common CVs. Please refer to the application guidelines for order of attachments. No photo-reduction except for figures. Your program of research should be concisely and completely described within the main body of the proposal. Appendices are to be used for supplementary information only. Reviewers are not obligated to review appendices in detail.

*\* KTE plans will vary with the nature of the research. To the extent possible, describe the outputs of your research and the potential users/stakeholders of same. Focus on what those users really need to know about your research project. Indicate the most effective way to reach and interact with those users, for example, how to bring knowledge to the clinician and/or how you plan to involve users in a meaningful way in your program of research.*





25. **SIGNATURES**

In applying applicant, principal mentor and institutional signatures to this application, all signatories are confirming that if this grant is awarded:

- The details of the research program will be carried out as described within the application;
- The applicant will have 75% of his/her time protected to carry out this research program;
- All supports (mentorship, institutional) described within the application will be provided;
- All ethics and safety certifications/requirements will be maintained throughout the duration of any research work enabled by/connected to this award;
- All Heart & Stroke guidelines and policies governing this award will be adhered to including the [HSFC Framework: Responsible Conduct of Research](#).

Does this research involve:

- Human subjects       Human pluripotent stem cells       Animals       Not applicable

**APPLICANT SIGNATURE**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**PRINCIPAL MENTOR SIGNATURE (if applicable)**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**INSTITUTION SIGNATURES**

Dean  
(or  
equivalent)  
  
Signature \_\_\_\_\_

Department  
Head (or  
equivalent)  
  
Signature \_\_\_\_\_

Date

Date

26. **APPLICANT AND PRINCIPAL MENTOR COMMON CVs**

Complete and attach all validated Common CV Forms (HSFC version) to this application. This is a web-based form, which allows CV information to be entered online. Please refer to the [Canadian Common CV webpage](#) for further instructions.