



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE



KidSIM Fellowship in Simulation Education and Research

Application Form for KidSIM Fellowship Program

Name: _____

Academic Status: _____

Department/Division: _____

Work phone: _____ E-mail: _____

Currently enrolled in Masters in Education degree or PhD? Yes No

If yes, where? _____

Considering enrollment? Specify details: _____

Have you contacted **KidSIM Faculty** to request supervision of your research project?

Yes No

Specify (Whom?) _____

Have you contacted a Clinical Educator in your own department for co-supervision?

Yes No

Specify (Whom?) _____

Plans for Financial Support (please list any salary support available to you)

Please send completed forms in by one of the below options:

Mail completed forms to: KidSIM c/o Karly Luca

28 Oki Drive, N.W

Calgary, AB T3B 6A8

Or email scanned form to: Karly.Luca@ahs.ca

Application deadline: November 30th for following July 1st start

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Also include:

1. Current CV
2. Statement of research interests or proposal for academic scholarship (1 page)
3. Plans for financial support (Confirmed)
4. 3 Reference letters
5. Letter of support from Department Chair specifying protected time (for clinical applicants only)