

Clinical Movement Disorder Fellowship 2022-2023 Application Form

Student Information

Title:	Mr.		Ms.		Mrs.		Dr.		Other:	
First Name:						Last Name:				

Mailing Address:			
City:		Province/State:	
Postal/Zip Code:		Country:	

Email Address:	
Phone Number:	

Primary Supervisor of Proposed Work

Title:	Mr.		Ms.		Mrs.		Dr.		Other:	
First Name:						Last Name:				

Name of University / College:			
Name of Program:			

Email Address:	
Phone Number:	

PART I: Candidate Letter

In no more than 500 words, please express your interest in a career in the field of Parkinson's.

PART II: Fellowship Project Summary

In no more than 500 words, provide a summary of the fellowship work to be undertaken. (You do not need to provide basic information, description of Parkinson's disease. Description of the 80% hands on training as well as how the other 20% will be spent.

PART III: Training Goals of Proposed Work

In no more than 500 words, describe the training you plan to obtain as part of your proposed work, and how this training will help you to achieve your future career goals outlined in Part I.

Additional Application Materials Required

In addition to completing this form, a completed application will also contain the following by the posted deadline for this scholarship.

X	Additional Requirements
	The student's curriculum vitae, including a summary of any honour awards received, and a list of publications and presentations, differentiating between those that are peer-reviewed and non-peer reviewed. For each peer reviewed publications provide a brief description of your contribution to the project (collected data, analyzed data, wrote initial draft of manuscript, reviewed and revised manuscript, etc.).
	Official transcripts of the applicant's complete academic record, including degrees and certifications, from recognized colleges or universities.
	Two reference letters, including one letter from the student's current/proposed supervisor for this work. Reference Letters are to be emailed directly to PSSO by the sponsor (research@pssso.ca) using the template provided. The student should emphasize the need for these to be received by the application deadline.
	Letter of Support from the supervising Neurologist at the Movement Disorder Center where training is to take place and a summary of the training environment outlining the proposed training program, including a detailed description of clinical responsibilities, teaching to be provided and allocation of time.

Applicant's & Primary Supervisor's Signatures

By signing below (print or electronically), you are confirming that the content contained in this application has been reviewed by both the applicant and the supervisor and is accurate.

Applicant's Name:	
Applicant's Signature:	
Date:	

Supervisor's Name:	
Supervisor's Signature:	
Date:	