



**DOCUMENT CHECKLIST**

APPLICATIONS WILL CONSIST OF A SINGLE PDF DOCUMENT THAT INCLUDES THE FOLLOWING (IN ORDER):

- APPLICATION FORM COVER PAGE INCLUDING 100-WORD SUMMARY AND INSTITUTIONAL SIGNATURES (THIS DOCUMENT)
- APPLICATION FORM ADDRESSING THE EVALUATION CRITERIA
- CVs FROM PRINCIPAL INVESTIGATOR AND CLINICIAN (DO NOT INCLUDE STUDENT CV)

**SIGNATURES**

I verify that all the information contained within this application is true and complete, to the best of my knowledge.

**PRINCIPAL INVESTIGATOR**

NAME:	SIGNATURE:	DATE:
-------	------------	-------

**CLINICAL COLLABORATOR**

NAME:	SIGNATURE:	DATE:
-------	------------	-------

**DEPARTMENT HEAD**

NAME:	SIGNATURE:	DATE:
-------	------------	-------

**DEAN OR DEAN'S DELEGATE**

NAME:	SIGNATURE:	DATE:
-------	------------	-------