



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: Dr. Adam Cheng c/o Kathleen Smith
2888 Shaganappi Trail N.W.
Calgary, AB T3B 6A8
Or fax to: (403) 955-2922
Or email scanned form to: kathleen.smith2@ahs.ca

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Application deadline: December 21st for following July 1st start

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)