Application

**Application for Supervisory Status in Graduate Studies Programs at NOSM**
Please submit this form along with a current Curriculum Vitae and a photo (.jpeg or .png) to graduatestudies@nosm.ca.

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| ***Criteria for Supervisory Privileges*** |
| **Supervisor** | **Co-Supervisor** | **Committee Member** |
| * Must show graduate student (co-) supervision in the past 4 years.
* Must have minimum of 2 peer reviewed publications in past 4 years.
 | * Must show evidence of peer review publication in past 4 years
* May have had limited committee or co-supervisory experience in the past.
 | * Faculty with no graduate supervision or peer reviewed publications in the past 4 years will receive this status
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**PART ONE: *Background Information***

**Name:**

**Preferred Email:**

**Division/NOSM Appointment:**

**Appointment Rank:**

**Date of NOSM Appointment/Affiliation:**

**Do you currently have Supervisory status in Graduate Studies Programs at NOSM?** o No o Yes

 **è If yes, what is your current Supervisory status?** o Supervisor o Co-Supervisor o Committee Member

**Education**: (Include Degree and Speciality, Institution, and year awarded)

1.

2.

3.

4.



**PART TWO: *Research Experience (within the past 4 years)***

**List of peer reviewed publications and other scholarly publications:**

**Scholarly Roles** (Journal Editor, Peer review reviewer, Grant Reviewer, etc.)**:**

**Peer reviewed grant funding awarded** (include name, funding agency, funding amount and years)**:**

**Conference presentations, invited talks, abstracts etc.** (include title, conference name, conference location and year of presentation)**:**

**Part Three: *Summary of Supervisory Experience in the past four years. Do not include research projects from undergraduate medical students, medical residents, and fellows.***

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| --- | --- | --- | --- |
|  |  | ***Master’s Degree*** | ***Doctoral Degree*** |
| **Primary Supervisor** | Number of students you are **currently** supervising |  |  |
| Number of students who have **completed** their degree under your supervision |  |  |
| **Co-Supervisor** | Number of students you are **currently** supervising |  |  |
| Number of students who have **completed** their degree under your supervision |  |  |
| **Supervisory Committee** | Number of students you have served as a member of a Supervisory Committee |  |  |
| **Thesis Examination Committee** | Number of Thesis Examination Committees on which you have served |  |  |

**Supervisory Experience:** Please complete the table below identifying the students you have supervised, co-supervised, or participated on their committee:

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| --- | --- | --- | --- | --- |
| **Name of Student** | **Title of Thesis** | **Institution** | **Program Start and End Date** | **Supervisory Role** |
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**PART FOUR: *Faculty Profile Content for the Graduate Studies Website***

(<https://www.nosm.ca/research/graduate-studies/master-of-medical-studies/graduate-studies-supervisors/>)

The profile information you provide below will assist interested graduate students identify potential supervisors who share similar research interests.

**☐ Include a photo (.jpeg or.png) of yourself with this application form.**

 The photo will be used for your supervisory profile on the Graduate Studies Supervisory Website.

**Research Keywords:**

**Research Interests, current and/or past research projects:**

**Grants and Awards you would like to highlight:**

**Publications you would like to highlight:**

**Links to external research project websites that you would like to highlight:**

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| Any personal information that you provide to the Research and Graduate Studies Office is collected in compliance with the [Freedom of Information and Protection of Privacy Act (FIPPA)](https://www.nosm.ca/about/policies-and-procedures/document-central-policy-procedure-and-guidelines-library/fippa/). The personal information that you provide will be used only for the purpose(s) for which it is collected, and not in any other way without your consent. |