



Principal Investigator	
SURNAME:	GIVEN NAME:
FACULTY:	DEPARTMENT:
TELEPHONE:	E-MAIL ADDRESS:
Clinical Collaborator	
SURNAME:	GIVEN NAME:
E-MAIL ADDRESS:	
Plain Language Summary (100 words maximum)	



DOCUMENT CHECKLIST		
<input type="checkbox"/>	COVER PAGE (THIS DOCUMENT)	
<input type="checkbox"/>	FREE-FORM PROPOSAL ADDRESSING THE EVALUATION	
<input type="checkbox"/>	CV FROM UBCO PRINCIPAL INVESTIGATOR	
<input type="checkbox"/>	CV FROM THE CLINICIAN	
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:
UBCO DEPARTMENT HEAD		
NAME:	SIGNATURE:	DATE:
UBCO DEAN OR DELEGATE		
NAME:	SIGNATURE:	DATE: