Internal Medicine Residency Training Program

Research Proposal Form

Name _____

PGY-year: 1 ◯ 2 ◯ 3 ◯ 4 ◯

Block: _____ **Academic year:** _____

Elective ◯ **Selective** ◯

Hospital _____
University _____
City _____
Province _____

Supervisor: _____

Supervisor's signature: _____

Supervisor's email: _____

Research Proposal

Background

Objective:

Methods:

Implication of findings:

Resident's signature: _____ **Date:** _____

Program Director's signature: _____ **Date:** _____