

Research Training Database
Dr. Allan S. Kaplan, Director Research Training

Name of Trainee:

Primary and secondary Supervisors:

Program:

if Other, specify:

Section (leave blank if PET Centre):

Contact information (phone, email, CAMH address):

Contact information outside CAMH (for future contact):

Gender:

Citizenship:

Highest Degree Completed:

if Other, specify:

Institution of past Highest Degree:

Starting Date of Training (MM/DD/YYYY):

Projected/confirmed Completion Date of Training (MM/DD/YYYY):

Graduate Degree Sought, if any:

if Other, specify:

Graduate Program, if any:

Source of Funding:

if Other, specify:

Amount of Funding:

Starting Date of Funding (MM/DD/YYYY):

End Date of Funding (MM/DD/YYYY):

Title/Description of Research: