



CIHR Training Program in  
Regenerative Medicine  
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Toronto, ON M5G 2N2

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[www.regenmedcanada.com](http://www.regenmedcanada.com)

## Conditions of Acceptance Form

The following form, completed and signed, must be sent to the *CIHR Training Program in Regenerative Medicine* to confirm acceptance of the granted trainee position within the TPRM. The TPRM Conditions of Acceptance Form must be received before funds can be distributed.

Trainee Name:	Tel.:
Mailing Address:	Fax:
	Email:

The TPRM will guarantee the undersigned trainee a stipend for the 2012 TPRM Fellowship Award. Please read the *Conditions of Acceptance* for the offered CIHR Training Program in Regenerative Medicine (TPRM) award.

### Conditions of Acceptance

- All trainees must be enrolled in a graduate or post graduate program.
- The accepted trainee will:
  - Commit to the duration of the training program period outlined in their acceptance letter
  - Attend and participate in the Regenerative Medicine graduate course to be taken for credit for graduate students – post doctoral students must audit
  - Complete the Final Trainee Progress Report to the TPRM (*must be received in order to receive award*)
  - Attend and participate in the TPRM's annual meeting and trainee retreat (*where applicable*)
  - Submit an annual progress report on their research and studies, including evidence that he/she has applied for salary support from a peer-reviewed agency (e.g. CIHR, NSERC, etc.)

**It is the responsibility of the TPRM Mentor that the trainee meets the requirements described by the above *Conditions of Acceptance*. Should the undersigned trainee violate the *Conditions of Acceptance*, it is the responsibility of the mentor to inform the TPRM. In the scenario that a violation has occurred and the TPRM finds it necessary to retract funding, the TPRM mentor will be responsible for ensuring that inappropriately paid funds are returned to the *CIHR Training Program in Regenerative Medicine*.**

\_\_\_\_\_  
TPRM Trainee (Please Print Clearly)

\_\_\_\_\_  
TPRM Trainee (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
TPRM Mentor (Please Print Clearly)

\_\_\_\_\_  
TPRM Mentor (signature)

\_\_\_\_\_  
Date

*Scanned/Faxed signatures are acceptable.*