



## BIOGRAPHICAL SKETCH

Please save this form and submit it as a single PDF file to [albertaneuro@ucalgary.ca](mailto:albertaneuro@ucalgary.ca)

Please provide the following information in the order listed.

### 1. Applicant Information

NAME

INSTITUTION

### 2. Program

Please indicate which CAN program this Biographical Sketch is associated with:

- Team Formation       Trainee Mobility  
 CANIS       Postdoctoral Fellowship

### 3. Principal Investigator Information

NAME

INSTITUTION

POSITION/TITLE

### 4. Education/Training

Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training

| INSTITUTION AND LOCATION | DEGREE               | YEAR(S)              | FIELD OF STUDY       |
|--------------------------|----------------------|----------------------|----------------------|
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## 5. Positions

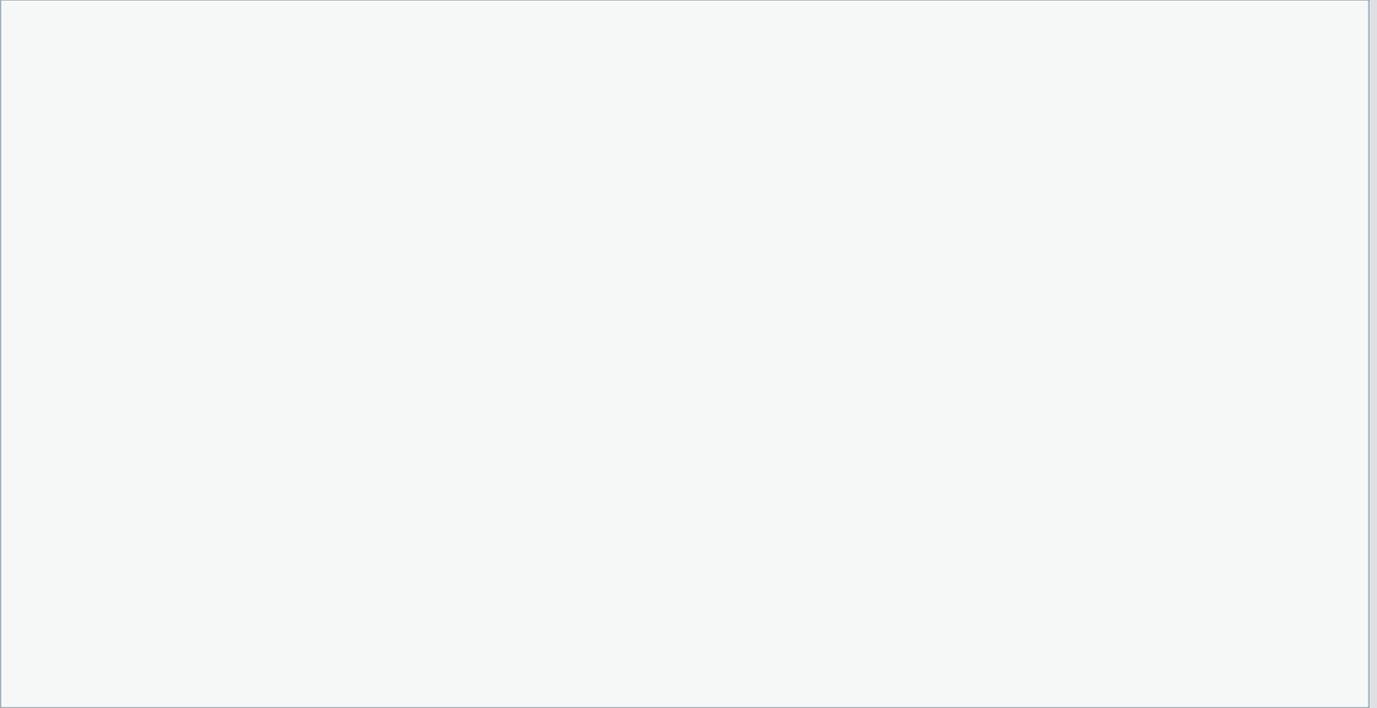
| YEARS | POSITION | LOCATION |
|-------|----------|----------|
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|       |          |          |
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|       |          |          |
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|       |          |          |
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## 6. Honors

| YEARS | HONOR/AWARD | SOURCE |
|-------|-------------|--------|
|       |             |        |
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|       |             |        |

## 7. Selected Peer-Reviewed Publications (from the last 5 years)

## 8. Research Support



Heritage Medical Research Building, 3330 Hospital Dr. NW, Calgary, AB T2N 4N1  
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