



BIOGRAPHICAL SKETCH

Please save this form and submit it as a single PDF file to 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

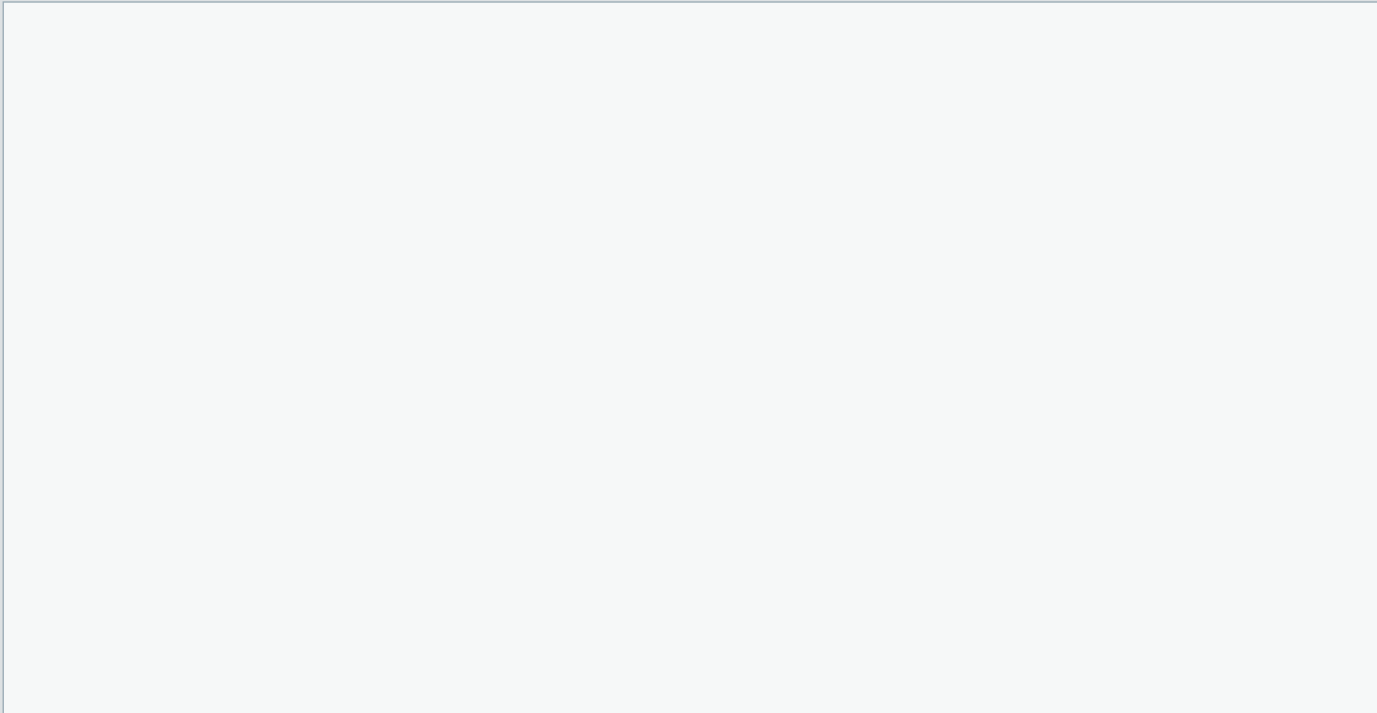
YEARS	POSITION	LOCATION

6. Honors

YEARS	HONOR/AWARD	SOURCE

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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