

Activity Type: Research User Co-Lead

Third Party Name: March Tester

Application ID: C2-2020-0894

Organization Affiliations

Organization	Department	Job Position
MSFHR-DO NOT USE	Medicine	Professor

Do you have formal training or credentials as a health professional?

No

Name of health profession:

Other Health Profession:

Work Related to Proposal

Level of Participation

Indicate your level of participation in the proposed work (e.g., hours/week, FTE percentage).

100 characters

Qualifications and Expertise

Briefly describe why your experience and qualifications make you particularly well-suited for your role in co-leading the activity/ies that is/are the subject of the proposal, making sure to highlight relevant skills and experience.

1250 characters

Knowledge Translation Activities

List any knowledge translation activities you are currently engaged in, or have engaged in, highlighting those relevant to this application.

1250 characters

SAMPLE