

## The Excellence in Quality Improvement Academic Certificate Program (EQUIP) Application Form for 2025-2026

<b>1. Applicant Information</b>	
Name:	Profession:
Institution:	Program / Department / Division:
University affiliation (if applicable):	Academic rank (if applicable):
Title:	Current training level (if applicable):
Phone:	Email:

<b>2. Personal Statement</b>
<p>Address the following in 500 words or less in the space provided below.</p> <ul style="list-style-type: none"> <li>Please describe one quality improvement initiative that you have led or contributed to in the past. What was your role? What was the impact? What did you learn?</li> <li>Please describe your future career plans, placing particular emphasis on how taking part in the EQUIP program will help you to achieve them.</li> </ul>

<b>3. Abbreviated CV</b>
Please attach your abbreviated CV, max. 5 pages, to this application.

<b>4. Letter of Support</b>	
<p>Please include a letter of support from a department head, executive team member, professional practice lead, or program director (for trainees) on official letterhead with their contact information, confirming that you work or train in a university-affiliated academic health centre or clinic where you will carry out a QI project as part of this course. The letter should also confirm that you will have protected time to attend the program and to carry out your project.</p> <ul style="list-style-type: none"> <li>• For <b>faculty</b>, the letter should confirm that you have an active academic appointment or defined organizational role in QI at an academic health centre or clinic</li> <li>• For <b>trainees</b>, the letter should confirm that you are on a clear track towards an academic appointment with a focus in QI.</li> <li>• For <b>health professionals</b> in advanced practice or leadership positions, the letter should indicate how your QI activities contribute to the academic mission of the institution</li> </ul> <p>The letter of support may be received separately from the application information, CV and personal statement.</p>	
Sponsor name:	Title:
Program/Department/Division:	Email: Phone:

**A completed application** consists of:

- 1) Applicant Information
- 2) Personal Statement (500 words)
- 3) Abbreviated CV (5 pages max)
- 4) One Letter of Support (to be completed by your sponsor)

**Submission deadline** for application: April 25, 2025 @ 4PM ET

**Confirmation of receipt** of application: Once your completed application has been received, you will be sent an emailed confirmation within 24 hours. If you do not receive this confirmation email, please contact [cquips@utoronto.ca](mailto:cquips@utoronto.ca) to ensure your completed application has been received.

Direct completed application to:

**Email:** [cquips@utoronto.ca](mailto:cquips@utoronto.ca)  
**Phone:** 416-813-7654 x428513