



The Educational Foundation of the  
Canadian Society of Plastic Surgeons Inc.

**Educational Foundation of the Canadian Society of Plastic Surgeons**

**Fondation d'éducation de la Société Canadienne des Chirurgiens  
Plasticiens**

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## **OUTCOME or CLINICAL STUDY RESEARCH GRANT 2026**

### **APPLICATION**

Application Deadline: **April 7, 2026**

*Sponsored by:*  
Educational Foundation of the CSPS

**Email** the completed application along with 1 copy of your current curriculum vitae (condensed to 3 pages or less) to [admin@plasticsurgery.ca](mailto:admin@plasticsurgery.ca), with the subject OUTCOME GRANT.

**Note that signatures are required on Page 7.**

Applications must be **RECEIVED no later than April 7, 2026**.  
Announcement of the award will be made in person at the banquet on **June 10, 2026** at the 79<sup>th</sup> Annual CSPS meeting in Kelowna, BC.  
**The recipient must be there to receive it in person.**

**Only applications that have been reviewed and received ethics committee approval will be considered.** Should your institution require funding approval prior to ethics approval, please forward a copy of this policy with your grant application

## SUBMISSION INSTRUCTIONS FOR YOUR OUTCOME STUDY RESEARCH GRANT APPLICATION

**This grant is for original research in outcome following plastic surgery or of interest to plastic surgeons or for a clinical study in plastic surgery.**

Only members of the Canadian Society of Plastic Surgeons and Residents/Fellows are eligible for this award.

Award recipients will be required to provide a brief annual update of the progress of the project (including a brief paragraph and status of the budget/funds spent) to be received in time for the Educational Foundation's annual meeting of the board which occurs each year in conjunction with the CSPS meeting (June 149, 2024).

Awards will be made effective August 1, 2024. The final progress report should list publications resulting from your study, as well as additional grant proposals you have submitted or support you have received because of this research funding.

Occasionally the EF/CSPS will require information on subsequent grants, papers and presentations. All grant recipients must respond to these requests. As in all cases of funding, it is necessary to acknowledge EF/CSPS grant support in any oral or written papers.

Please use the attached official Research Grant Application. Do not exceed the space provided.

**NOTE:** If your address or other pertinent data were to change after receiving a grant, be certain to let us know.

***To facilitate your completion of this form, and ensure success, the Research Grant Committee offers the following suggestions:***

**Purpose:** Perhaps the most important information you can provide is a statement on the clinical relevance of the project.

**Background:** A concise summary of previous work. State your understanding of the available knowledge pertaining to the subject. Include your critical analysis of past deficiencies. If you have preliminary data of your own, include it here.

**Methods:** We want to know exactly how you are going to do what you want to do. For human subject review, simply tell us what safeguards you selected (patient permission forms, etc., or use

guidelines established by nearby medical schools or those of your own hospital).

**References:** List three to five pertinent references detailing techniques or previous investigations.

**Budget:** The investigator will be funded \$10,000 by the EF/CSPS who do not pay for indirect or administrative costs.

**Other support:** Your proposal is strengthened if you have parallel support for items not readily funded by us. Other support is not necessary for success.

**Previous experience:** Not a prerequisite. A solid proposal will receive equal consideration without prior research experience. But if you do have research background, so indicate. It is hoped that community-based plastic surgeons will take advantage of these grants.

**Sponsor:** Note that Residents/Fellows require the sponsorship of a Member.

**Duration:** Most projects should be completed within 12 months following the award. Longer term projects must be documented on the grant application. Although a request for an extension of one year may be considered, funds not spent (or a project not completed) within three years of the awarding of the grant will need to be returned to the Foundation.

**Eligibility:** 1) A Canadian Society of Plastic Surgeons member in an **academic center** in the first five years of practice; 2) a CSPS member at any time in a **community practice**; 3) a Resident/Fellow in a Canadian Plastic Surgery training program.

**Ethics:** It is your responsibility to submit the **grant application** for review by your human ethics review committee for experimental work and to ensure it complies with the institution's regulations. **Only approved projects will be considered for grant funding.** Should your institution require funding approval prior to ethics approval, please forward a copy of this policy with your grant application. Payment of funding will remain dependent upon ethics approval.

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**Background:** Summarize concisely your understanding of previous work pertinent to your proposed study. Include, when applicable, your past experience and preliminary data. Cite references sparingly and then only parenthetically within the text, e.g. (Medawar, 1948).

**Methods:** Describe with precision how you plan to carry out your study. Include a description of the experimental design, patient selection, planned statistical methods, etc. Also define, where applicable, your mechanism for reviewing safety of clinical investigations involving human subjects.

**References:** List three to five pertinent references detailing techniques or previous investigations.

**Budget:** Please itemize the specific supplies necessary to accomplish the specific aims.

**Collaboration:** List, where available, consultants to whom you will turn for collaborative assistance. What is their role? Attach letters.

**Other Financial Awards:** List all other sources of funds currently available or pending for the project or for closely related studies. Include both source and amount. If other sources provide salaries, capital equipment or supplies, please specify. **Please disclose any potential financial interest conflicts.**

**Previous Research Experience:** Describe your prior investigative experience. (Attach curriculum vitae - 3 pages maximum.)

**Certification:** By signing this application, I certify that use of human subjects for this research complies with the guidelines of my institutional review board and that this protocol has been approved by the local institutional review board's clinical research. Each applicant must include the appropriate human subject approval documentation from your institutional review board.

**Ethics Statement:** I hereby certify that the above project will be conducted under the ethical standards and research policies currently existing in the institution where the research will be conducted. If the sponsoring institution does not have such a policy, I will adhere to the standards relating to the ethics in research espoused from time to time by the Medical Research Council of Canada. I further understand that violation of such standards could subject me to sanctions by the institution where the research will be conducted and/or by the Canadian Society of Plastic Surgeons.

This project has received ethics approval from my institution on \_\_\_\_\_ (date).  
Attach copy of approval.

OR

My institution requires funding approval prior to ethics approval. A copy of that policy is attached.

**Sponsorship:** Research grants are awarded to Members of the Canadian Society of Plastic Surgeons or to Residents/Fellows sponsored by the above. If you are not a CSPA Member, please ask your Member sponsor to sign below, and answer the question that follows:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

*How long will Resident/Fellow be available to carry out these studies under your sponsorship?*

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

**Return 1 copy of this application and 1 copy of your current curriculum vitae (condensed to 3 pages maximum) to:** [csps\\_sccp@plasticsurgery.ca](mailto:csps_sccp@plasticsurgery.ca) (note that signatures are required)