



## Internal Peer Review Process Form

### Policy:

- All research funding applications to prepared by principal investigators in the Rehabilitation Sciences departments (Physical Therapy, Occupational Therapy & Occupational Science and Speech Language Pathology) that will be administered by one of the departments must undergo an internal peer review process. Letters of Intent are excluded.
- The Chair of the Department will not sign off on grant applications that have not undergone the internal peer review process. Exceptions will be only granted in special circumstances at the discretion of the Chair in consultation with the Principal Investigator.
- A minimum of **one** peer reviewer is required.
- The Principal Investigator is responsible for identifying suitable peer reviewer(s).
- A final copy of the Internal Peer Review Form will be kept in the Chair's office.
- Contact the Chair of your Departmental Research Committee with questions or if any problems encountered.

### Recommended Process:

1. Principal Investigator identifies potential peer reviewer(s) **four weeks** prior to submission deadline.
2. Principal Investigator sends grant to peer reviewer at least **two weeks** prior to submission deadline and arranges for written or verbal feedback allowing at least one week prior to deadline to enable time to make suggested changes.
3. Complete Peer Review Process Form on back.

### Resources for Identifying Reviewers:

Websites:

[http://www.medresearch.utoronto.ca/find\\_expert.html](http://www.medresearch.utoronto.ca/find_expert.html)

<http://www.bluebook.utoronto.ca/>

or contact the Chair of your Departmental Research Committee for assistance with identifying reviewers

## Internal Peer Review Process Form for PT, OS&OT, SLP

Principal Investigator: \_\_\_\_\_

Department:  PT     OS&OT     SLP

Co-investigators: \_\_\_\_\_

Proposal Title: \_\_\_\_\_

Target Agency:  CIHR  NSERC  SSHRC  ONF  Heart and Stroke Foundation  CFI  
 Other (specify) \_\_\_\_\_

Competition Type:  Operating     Catalyst/Proof of Principle     Personnel Awards  
 NET/Team     Other (specify) \_\_\_\_\_

Competition Date (dd/mm/yyyy): \_\_\_\_\_

### **To Be Completed by Peer Reviewer**

Name of Peer Reviewer: \_\_\_\_\_

Department: \_\_\_\_\_

I have reviewed the above titled proposal and provided feedback to the principal investigator.

Peer Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_