

MSCR/PhDCR APPLICATION

Last Name _____ First Name _____ Middle Initial _____

Please complete this box if you are a JABSOM faculty member.

Department: _____

Year started at JABSOM: _____

Position: Assistant Professor Associate Professor Other: _____

We request the following demographic information to help more broadly understand the clinical research environment at JABSOM. Many of the research themes currently funded by the NIH are on ethnic health and health disparities, therefore, these areas of research interests are particularly encouraged. This is also the reason we ask you to provide your ethnic background.

Ethnicity/Race (Check all that apply):

- Hispanic or Latino
- American Indian/Alaska Native
- Native Hawaiian or Other Pacific Islander (please specify) _____
- Black or African American
- White
- Asian (please specify) _____
- Other (please specify) _____

While the following questions are open ended, for the purpose of this application, please be brief

Basic Science Training and Experience:

Briefly describe all relevant basic, clinical, and/or health services research training/experience. Please include whether this was associated with fellowship training and/ or obtaining an associated degree (Masters, Ph.D., etc...).

Areas of Clinical Research Interest:

Describe current areas of research interest/expertise. Please include extramural funding sources, number of manuscripts, abstracts and/or presentations that are relevant/or specific to the areas of research that are being described.

Numbers of manuscripts:

Numbers of abstracts:

Numbers of presentations:

Long Term Clinical Research Goals

Briefly describe your 5 year goals including the relative importance of clinical research in the advancement of your academic career.

Mentor

Please provide the name of your proposed or established mentor with their email address or phone number.

Masters in Clinical Research - Personal Information Update Form

Category	
Last Name	
First Name	
Specialty	
Credentials	
Address 1	
Address 2	
City and State	
Zip Code	
Work Phone	
Extension	
Work Phone 2	
Extension 2	
Home Phone	
Cell Phone	
Pager	
Fax	
E-mail	
2nd E-mail	
Comments	

Program Director/Principal Investigator (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	MM/YY	FIELD OF STUDY

Please refer to the application instructions in order to complete sections A, B, C, and D of the Biographical Sketch.

Program Director/Principal Investigator (Last, First, Middle):

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