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# TL1 NIH Roadmap Predoctoral Clinical Research 2009 Summer Program Application

Page 1 of 1

First Name

Last Name

Address

City

State

Zip Code

Email

Phone

Are you a U.S. Citizen or Permanent Resident? (Eligibility Requirement)

Yes

No

UW ID#

Ethnicity

Gender

- Male
- Female

School(s) (hold ctrl to select multiple choices)

  
  
  
  

Hold control key (apple key for Mac) to select multiple answers.

Degree Program

  
  
  
  

Hold control key (apple key for Mac) to select multiple answers.

Class year

  
  
  
  

Hold control key (apple key for Mac) to select multiple answers.

Are you considered to be in "Good Academic Standing" within your current program? (Eligibility Requirement)

- Yes
- No

If you answered "no" or are unsure of your standing please explain:

Prior Degree

Prior Degree Field of Study

Institution received Prior Degree

Date Received Prior Degree (mm/dd/yyyy)

Will you receive concurrent funding during the time period in which you are applying for the TL1 Program?

Required.

Yes

No

If you will be receiving concurrent funding during the your participation in the TL1 program, please list dates of funding and funding sources.

Dates of Proposed Study To/From (i.e. June 2008 to Sept 2008)

Mentor/Preceptor Name

Mentor/Preceptor Rank

Mentor/Preceptor Department

Mentor/Preceptor Box Number

Mentor/Preceptor Phone Number

Mentor/Preceptor Email

Title of Proposed Project (Not to exceed 53 typed spaces)

**Check Answers that apply to your application:**

Note: Explanation **2nd Choice** - This application, which includes activities involving human subjects, is pending review by an institutional committee as provided by our assurance approved by the Public Health Service. Certification of completion of the review will be provided as soon as possible, and prior to the use of human subjects.

- This application does not include activities involving human subjects.
- This application includes activities involving human subjects - Human subjects application is pending (See explanation note above & also check this box if you haven't submitted an application yet but intend to)
- This application includes activities involving human subjects and Human Subjects application has been approved. (If yes click on next question and type in date below)
- Our institutional committee reviewed and approved it on (mm/dd/yyyy)

Supplementary Information (Select all that apply to your project)

 Ionizing radiation  
 Pathogenic Organisms  
 Chemical Carcinogens, Mutagens, Teratogens, Hazardous Chemicals  
 Diving  
 Use of Laboratory Animals

Hold control key (apple key for Mac) to select multiple answers.

For Animal Use

- This project has been approved.
- This certification is pending review by the Division of Animal Medicine. Certification of review will be provided prior to any animal use.
- Other: Project Approval Date (mm/dd/yyyy)

**Student Commitment to Training Period & Report**

If accepted into the TL1 Program, I agree to fulfill all NIH training obligations including but not limited to completing PHS biomedical ethics training and completing and submitting NIH appointment and termination letters.

Acceptance of funds entails an obligation to submit a report of activities carried out during the funded period. This report should be in the form of a scientific abstract, and it should be submitted to Dr. Pam Mitchell, (Box 357266) by December 15, 2009.

Print out your application, obtain the necessary signatures, and send the application to TL1 Program Application c/o Patrick Gibbs, UW Box 358051.

### Approval/Acceptance Signatures

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Student Applicant

Faculty Mentor

**Mentor/Preceptor's Description** - (Description of expected clinical research learning experience to be provided for student (to be completed by preceptor))

### Mentor/Preceptor's Assurance:

**I take responsibility to assure that the student is provided the clinical research opportunity described herein.**

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Mentor/Preceptor

Date

**Budget Information** Will this project require funds for supplies, equipment, local travel, publication costs, xerox, telephone costs, subject participation payments, or other costs? (Up to \$500 may be requested). Please itemize and show total funds requested.

### Required Curriculum and Attendance:

- Weekly Clinical Research Methods Seminar. Participation in this seminar carries 2 elective credits.
- Biomedical Research Integrity (BRI) Series -(Presentations and Small group discussions)

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Student's Signature

I agree to serve as Director for the student's independent study for the Research Project.

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Mentor/Preceptor's Signature

**Project Description** (Please copy and past your proposal into this application as Word text - Forward formatted copy via email attachment to [roadmap@u.washington.edu](mailto:roadmap@u.washington.edu) along with the Summary as noted in item #1)

Please provide a description of the proposed research project. You should include:

1. Summary of proposed project (not to exceed 200 words, ). Indicate how this project relates to interdisciplinary clinical research.
2. An introduction containing a review of published literature and other observations which serve as the basis for the project.
3. A statement of rationale and research objectives for the project.
4. A description of the experimental protocols to be carried out.
5. An explanation of how the data will be managed and processed, including statistical analysis where appropriate.
6. A statement of the significance of the work relative to the knowledge in that general area. The proposal should not be more than a maximum of **5 pages**, double-spaced typing (items 2-6 above). It should include sufficient detail for satisfactory review by the Recruitment and Selection Committee. Please provide a bibliography with citations for referenced items.

Print copy of completed online registration now.

1. Obtain requested signatures.
2. Print out your application, obtain the necessary signatures, and send the application to TL1 Program Application c/o Patrick Gibbs, UW Box 358051

***GO TO NEXT SCREEN TO SUBMIT YOUR ONLINE APPLICATION***

Next

Save for later

Cancel

**Questions or Comments?**

Contact TL1 Program at [roadmap@u.washington.edu](mailto:roadmap@u.washington.edu)

