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# TL1 NIH Roadmap 12 Month Program Application 2009/10

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)

Medical  
Nursing  
Public Health  
Dental  
Social Work

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

Degree Program

MD  
DDS  
Masters  
Ph.D.  
Pharm.D.

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

Class year

Incoming  
First  
Second  
Third  
Fourth

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

Are you considered to be in "Good Academic Standing" within your current school/program?

Required.

 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 2009 to June 2010)

Mentor/Preceptor Name

Mentor Rank

Mentor Department

Mentor Box Number

Mentor Phone Number

Mentor 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 fill in date)
- Our institutional committee reviewed and approved it on (mm/dd/yyyy)

Supplementary Information (Select all that apply to your project)

(hold ctrl to select multiple choices)

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)

All TL1 - 12 Month program students are eligible to apply for the Graduate Clinical Research Methods Certificate and one of the questions on the application is below. Please type in your answer in space provided.

*Personal statement. A one-page summary of your area(s) of interest within clinical research, your career objectives, and how the proposed training would help you to achieve those objectives.*

#### **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 manuscript prepared for publication, and it should be submitted to Dr. Pam Mitchell, (Box 357266) by June 15, 2010

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

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Faculty Mentor

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

**Budget Information (Copy Budget Information into form as "Word Text")** Will this project require funds for supplies, equipment, local travel, publication costs, xerox, telephone costs, subject participation payments, or other costs? (Up to \$2500 may be requested). Please itemize and show total funds requested.

**Mentor/Preceptor's Assurance** I take responsibility to assure that the student is provided the clinical research opportunity described herein.

\_\_\_\_\_  
Mentor/Preceptor Signature

\_\_\_\_\_  
Date

**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 clinical research project. You should include:

1. Summary of proposed project (not to exceed 200 words, presented on a separate sheet of paper). Indicate how this is relevant to 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.

### Credits for Courses and Independent Study for Project

Specific coursework, in most cases leading to a Graduate Certificate in Basic Clinical Research, is required of students in the year-long program. In addition there is a required quarterly Seminar designed for the TL1 Students and the Summer BRI series (Lectures and Small group discussions). Tuition support is provided to each trainee for these courses. Some credits can be independent study credits offered in the Mentor's department, with the Mentor serving as the Course Director for the independent study credits.

I understand that I will be required to register for 10 credits graduate level each quarter as part of my traineeship while conducting my Clinical Research project.

\_\_\_\_\_  
Student Signature

**Full Proposal** (Save your original Word formatted document as a "Word Text" file and copy into space provided below.)

**PROJECT TIMETABLE** Complete the table below showing what activities you plan to undertake during each period, beginning Summer Quarter, 2009, and ending at the beginning of Summer Quarter, 2010. (Save your timetable in "Text" and copy in Timetable space below)

(Dates, beginning Summer Quarter, 2006)

Time Period ( Dates Beginning Summer 2009)	Project Activities	# Weeks

Print copy of completed online registration now.

1. Obtain requested signatures.
2. Attach formatted copy of your project proposal and budget documents.
3. 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**




#### Questions or Comments?

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

