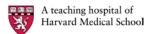
The Clinical Investigator Training Program

Beth Israel Deaconess Medical Center 'Harvard Medical School In collaboration with Pfizer Inc. and Merck & Company, Inc.





APPLICATION DEADLINE: JANUARY 9, 2012

Date Submitted:				For the	Fello	wship B	eginning:	July 1, 2012
Full Name:	Last		First			Middle		Sex:
Permanent Home: Address								
Present Home: Address								
Work Address:								
Telephone Number:								
E-mail Address:				none:				-
Date of Birth:			Place of Birth:					
Citizenship:								
Licensure to Practice	Medicine: State	e:	Year:			No.:		
		State:		Year:			No.:	

Fellowship Applicants from the Harvard Teaching Hospitals should apply to:

Linda F. Bard, MT, M.Ed. Clinical Investigator Training Program Beth Israel Deaconess Medical Center 330 Brookline Ave., Mail Stop GZ-811 Boston, MA 02215

Phone: (617) 667-4816 Fax: (617) 667-4829

Email: lbard@bidmc.harvard.edu

^{* &}lt;u>Note</u>: Clinical Investigator Training Program (CITP) Fellows have the option to pursue a Master of Medical Sciences Degree through Harvard Medical School, in conjunction with their CITP studies. The Master's Degree is not a requirement of the CITP course.

III. CITIZENSHIP (If not a U.S. citizen, complete this section)					
• U.S. Perm	anent Resident:	Yes: Verification #	No		
Visa T	⁻ype:	(Please attach a c your current stat	copy of immigration documents denoting us))		
Expira	tion Date				
USMLE St	atus (You must pass	this exam BEFORE you apply to	o the CITP):		
Applie	ed for Exam:	Exam Date:	Place:		
Passe	d Exam:	No.:			
IV. EDUCAT	ION AND EXPERIENC	E (Please attach your C.V.)			
Degrees for	or College and Gradu	ate School (Date, Degree, Scho	ol, Honors):		
Date	Degree	School	Honors		
Date	Degree	School	Honors		
Date	Degree	School	Honors		
Post-Grad	uate Positions:				
<u>PGY 1</u> :					
<u>Dates</u>	<u>Position</u>	Program Director	Department & Address		
Residency Tra	uining:				
<u>Dates</u>	<u>Position</u>	Program Director	Department & Address		
• Specialty:					
 Subspecia 	ılty:				

V	OTHER PROFESSIONAL ACCOMPLISHMENTS AND AWARDS
•	Membership in Medical, Scientific and Honorary Societies:
•	Prizes, Awards, Fellowships
٧	I. REFERENCES
•	Please have reference letters forwarded by the application due date, <u>01/09/2012</u> , directly to <u>lbard@bidmc.harvard.edu</u> or a hard copy may be mailed.
1.	Research Mentor (s):
2.	Division or Department Chair:
3.	One other of your choice:

Grant Support:

VII. RESEARCH EXPERIENCE					
Describe scientific and/or research experiences to date:					
 List specific research techniques with which you have had experience (PCR, PET, MRI, in vivo physiology, etc.) 					
VIII. RESEARCH PROJECT					
 Please attach a <u>one to two page</u> description of the project that will occupy the major part of your training in clinical investigation. Give details of the project including hypothesis, aims, general study design, and technology to be employed, and approach to data analysis. Also, please indicate the potential significance of the result. 					
Project Title:					
Research Mentor(s) (please attach the <u>Biographical Sketches</u> of your Research Mentors): Name:					
Department:					
Research Interest:					

IX.	PU	BI I	CA.	TIO	NS
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•	Please attach a list of your publications (if they are already on your attached C.V., you do not need to
	attach them here).

X. GOALS

•	Please describe your career goals and explain how this training program will allow you to meet those goals
	(use a separate piece of paper if you need more space):

Signature of Applicant:	Date:
Signature of Mentor(s):	Date:
	Date: