

# MSSRP - Medical Student Summer Research Program Application

**Your submission should include the following:**

1. Your completed and signed application (pages 1-3)
2. Your resume
3. 2-5 page Project Proposal
4. Your mentor’s completed and signed section of the application (pages 4-5)
5. Your mentor’s current NIH Biosketch (in *Word* format)
6. List of current personnel in your mentor’s laboratory/group (include name, title/position).
7. IRB or IACUC training approval: if the project you select will involve research with human subjects or animals, you must either: enter the IRB or IACUC protocol approval number in this application and submit proof that you have completed the appropriate UAB’s Learning System online training, or include information regarding when the approval and training will be completed. These must be complete by June 6, 2014 or your award will not be activated. See the “Working with Human/Animal Subjects – Tip Sheet” for more information.

Submit these materials by email to Jackie Bennett at [jackiebennett@uab.edu](mailto:jackiebennett@uab.edu). Questions? Call 934-0440.

## ***To be completed by the Student:***

**Check the program(s) you are applying for:**

Medical Student Summer Research Program (MSSRP)

O'Brien Center Summer Research Program (Kidney-related research)

**Appointment Period:**

- 8 weeks            June 9 – August 1, 2014
- 8 weeks            June 23-August 15, 2014
- 10 weeks           June 9 – August 15, 2014

<b>Student Name</b>	
<b>email address</b>	
<b>Mailing Address</b>	
<b>Phone number</b>	

<b>Gender</b>	M	F	
<b>Citizenship</b>	US Citizen	Permanent Resident	
<b>Ethnic Origin</b>	American Indian or Alaska Native	Native Hawaiian or Other Pacific Islander	
	Asian	Black or African American	
	White	Do not wish to provide	
<b>Are you Hispanic or Latino?</b>	Yes	No	Do not wish to provide
<b>Do you have a disability?</b>	Yes	No	Do not wish to provide

**MCAT Scores**

MCAT verbal		MCAT biological	
MCAT physical		MCAT writing	

**Education after high school** (provide the following for EACH institution attended):

Institution	City/State	Degree Conferred	Year Completed	GPA

**Previous Research Experience** (please list each experience separately)

Year(s)		Where		Mentor	
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Description of project – one sentence

Year(s)		Where		Mentor	
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Description of project – one sentence

**Title of your Summer 2014 Proposal**

**Mentor's Information**

Mentor's Name	
email address	
Campus Address	
Phone number	

**IACUC and/or IRB Approval**

*For information, see **"Working and Human/Animal Subjects – Tip Sheet."** All approvals and training must be completed by June 6, 2014, or your award will NOT be activated.*

Does this research involve Animals? Yes No

If yes, list the IACUC protocol number or state when it will be approved. Number Date  
 Attach proof of your appropriate online IACUC training. This is available in UAB's Learning System.

Does this research involve Human Subjects? Yes No

If yes, list the IRB protocol number or state when it will be approved. Number Date  
 Attach proof of your appropriate online IRB training. This is available in UAB's Learning System.

***To be completed and signed by the Student***

**Medical Student Summer Research Program Agreement: STUDENT**

1. I am a student in good academic standing.
2. I am not a holder of a Master's or Ph.D. degree from a program in the biomedical sciences that included research experience.
3. I am not currently enrolled in a program leading to a Master's or Ph.D. degree in biomedical research.
4. My MSSRP Project must be at least 56 sequential days (8 weeks) long.
5. I understand that if I receive MSSRP funding, I may not accept any other summer funding from the University of Alabama at Birmingham during the summer of my MSSRP experience without prior approval of the MSSRP Program Director. Noncompliance will result in revocation of my MSSRP award.
6. MSSRP is a full-time commitment during which I may not accept any type of employment, significant additional volunteer commitments, or enroll in classes/coursework.
7. If I need to obtain IRB or IACUC approval for my project, I understand that I will need to complete the training and approval process by June 6, 2014, or my funding will not be activated.
8. I will attend summer seminar programs pertaining to my research. I will attend the summer seminar series entitled "Understanding the Research Enterprise."
9. If I am selected to receive funding from MSSRP, I agree to present my findings (negative or positive) at the Medical Student Research Day competition. My advisor and I also understand that one of our goals is to have the results of my summer research included in a subsequent publication from my advisor's laboratory with the acknowledgement of the student contribution as co-author.
10. I will provide a copy of the abstract of my poster for the Annual Medical Student Research Day competition as a PDF email attachment to Jackie Bennett at [jackiebennett@uab.edu](mailto:jackiebennett@uab.edu)
11. If I am selected to participate in this program, I agree to return questionnaires concerning the progress of my career that will be sent to me over the next few years, and I will provide change of address notification to Dr. Lorenz as necessary.
12. I independently wrote this T35 Research Proposal.

I certify that the information I have provided in this application is true.

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Signature of applicant

Date

# MSSRP - Medical Student Summer Research Program Application

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## *To be completed by the Mentor:*

### MSSRP Summer 2014: Mentor Information

<b>Mentor's Name</b>	
<b>email address</b>	
<b>Campus Address</b>	
<b>Phone number</b>	

Student's Name \_\_\_\_\_

Title of Project \_\_\_\_\_

Have you previously mentored any medical students for Summer Research or Scholarly Activity?                      Yes                      No

Does this research require either IACUC or IRB approval?                      Yes                      No

***If Yes,** your student is responsible for listing the protocol approval numbers in the student section of this application, and for taking the appropriate online training through UAB's Learning System. Approvals and training must be complete by June 6, 2014, or the funding will not be activated.*

Please comment on the applicant's involvement in planning the Summer 2014 proposed project:

Please describe the applicant's role in this project:

***To be completed and signed by the Mentor***

**Medical Student Summer Research Program Agreement: MENTOR**

1. I understand that the MSSRP can only fund one student/mentor per laboratory/summer.
2. I understand that the student's MSSRP project must be at least 56 sequential days (8 weeks) long.
3. I understand that if the student is appointed to the MSSRP, the funding only covers the student's stipend for the summer and that there are no funds available for supplies or other laboratory costs.
4. I understand that if the student receives MSSRP funding, he/she may not accept any other summer funding from the University of Alabama at Birmingham during the summer of the MSSRP experience without prior approval of the MSSRP Program Director. MSSRP is a full-time commitment during which he/she may not accept any type of employment, significant additional volunteer commitments, or enroll in classes or coursework. Noncompliance will result in revocation of the MSSRP award.
5. If the student needs to obtain **IRB or IACUC approval** for the project, I understand that he/she will need to complete the training and approval process **by June 6, 2014, or the funding will not be activated.**
6. My student and I understand that one of our goals is to have the results of this summer research included in a subsequent publication from my laboratory with the acknowledgement of the student contribution as co-author. Summer training should be planned with the goal in mind. The presentation and publication of student research results is an important aspect of the summer training experience.
7. I am willing to accept this student in my laboratory and will take responsibility for his/her participation in Medical Student Research Day. If this student's work is selected for oral presentation or as a category winner at MSRDR, I agree to provide an honorarium for that student's accomplishments (\$100-\$200). I also agree to help defray the student's expenses to a national scientific meeting if their abstract based on the student's summer work is selected for inclusion in the meeting program.

I certify that my role in this Medical Student Summer Research Program's proposal was as an advisor, and that the proposal was written in full by the student.

\_\_\_\_\_  
Signature of faculty sponsor

\_\_\_\_\_  
Date

Printed name of faculty sponsor \_\_\_\_\_