

## 2020 Clinical & Translational Science Training Program Application

### APPLICANT INFORMATION

LAST NAME:  FRIST NAME:

eRA Commons     
  ORCID ID     
  BLAZER ID (UAB ONLY)     
  GENDER

TERMINAL DEGREE:

Racial Origin:  American or Alaska Native   
 Indian   
 Asian   
 White   
 Native Hawaiian or Pacific Islander   
 Black or African American

Are you Hispanic or Latino?     Yes     No     Do not wish to provide

Do you have a disability?     Yes     No     Do not wish to provide

Are you from a disadvantaged background?     Yes     No     Do not wish to provide

CAMPUS ADDRESS:

CITY:  STATE:  ZIP:

EMAIL ADDRESS:  PHONE NUMBER:

INSTITUTION:  SCHOOL:

DEPT/DIV (PRIMARY APPT):  Title:

TITLE OF PROPOSED RESEARCH PROJECT

As a condition of enrollment, I agree to participate in annual surveys pertaining to the CTS Training Program during the 10 year period following completion of the program. Please provide an additional email address.

Yes, I agree

### LETTER WRITER INFORMATION

1) NAME:  ROLE:

2) NAME:  ROLE:

For more information on this and other programs of the CCTS, please visit [www.uab.edu/ccts](http://www.uab.edu/ccts)



## APPLICATION CHECKLIST

- Completed application form
- Letter from applicant
- Identification of a Clinical and/or Translational Investigation Project(s) with one page concept description
- Current CV and sources of financial support of applicant
- Letter of support from mentor acknowledging support of research project
- CV of mentor
- Letter from applicant's immediate supervisor and Division/ Program Director or Department Chair (if not immediate supervisor)