**APPLICANT INFORMATION**

LAST NAME: FIRST NAME:

TERMINAL DEGREE(S)

 eRA COMMONS NAME BLAZER ID (UAB ONLY)

CAMPUS ADDRESS:

CITY: STATE: ZIP :

EMAIL ADDRESS: PHONE NUMBER:

INSTITUTION SCHOOL

DEPT/DIV (PRIMARY APPT:)

TITLE

**2018 Clinical & Translational Science Training Program Application**

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.

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)

Physical Address: 1924 7th Ave S. Tel: 205.934.7442

Fax: 205.934.3749

Email: ccts@uab.edu

Mailing Address: PCAMS 111

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