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| **New logo** | **Physician-Scientist Training Award** |

**At-a-Glance Form**

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| Applicant’s Name:      | Institution:      |
| Academic Title:      | Are you U.S. Specialty Board Eligible?[ ]  Yes [ ]  No |
| Departmental Affiliation:      | List years of Fellowship (*if applicable)*:      |
| Have you completed your residency and clinical training?[ ]  Yes [ ]  No | Will you dedicate 80% of your time to conduct research?[ ]  Yes [ ]  No |
| Has your Institution guaranteed you 80% protected time to conduct your research? [ ]  Yes [ ]  No | List other funding sources:*Current (term)*:     *Pending (activation date)*:      |
| Mentor’s Name:      | Co-Mentor’s Name *(if applicable)*:      |
| Mentor’s Academic Rank:      | Co-Mentor’s Academic Rank *(if applicable)*:      |
| Mentor’s Departmental Affiliation:      | Co-Mentor’s Departmental Affiliation *(if applicable)*:      |
| *(For the Applicant)* Please write a paragraph describing the nature of your clinical activities:       |
| Please describe your previous research experience *(state “none” if not applicable)*:       |