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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)*: | |