

**DEPARTMENT OF ADVANCED MEDICAL EDUCATION / CTRI / TMCVO/ PCHRD**

**PHYSICIAN SCIENTIST FELLOWSHIP PROGRAM APPLICATION FORM**

**NOTE: The review committee is comprised of experienced physician scientists and will broadly reflect the disease areas supported by this award mechanism, however, your proposal will not necessarily be reviewed by experts in your field of research. Therefore, it is in your best interest to define all acronyms, to keep your research plan free of jargon, and to make it understandable to a non-specialist.**

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| **ESSAYS** |
| **Statement of Purpose** [Please submit a statement of purpose addressing the question: What problem in medicine do you want to solve and how will the TMC-PSF experience help you achieve that goal? (300-word limit). You may include an explanation of how the proposed research relates to a larger academic community, medical community, national healthcare system, and society as a whole, as well as why the study is useful] |
| **Personal Statement** [Please submit a personal statement addressing the question: How do you envision the TMC Physician-Scientist Fellowship Program might have a positive impact on your future career? Why do you want to be trained as a physician scientist? (300-word limit). Please include an explanation for how TMC as an institution may enhance the applicant's plan, the kind of assistance and support expected, and the networks and professional associations to be established] |
| **RESEARCH PROPOSAL** |
| **Statement of Previous Research**  Submit a Statement of Previous Research, including a list of publications and presentations (maximum one page, 12-point Arial font, double-spaced; publications/presentations may be single-spaced)  Applicants should outline any previous research (published or unpublished) including:   * Research undertaken as a high school, undergraduate, medical, or postgraduate student * Research undertaken as a postgraduate intern or medical resident * Research undertaken in academic and other job-related activities * Include goals, major results, and impacts of the research   List of publications and presentations for the last five years. Items should be listed in the order:   * Publications in reverse chronological order * Presentations in reverse chronological order |
| **Proposed Research Plan** [Font: Use 12-point font size throughout unless noted otherwise. Smaller font sizes are acceptable for use in tables or figure legends. Line spacing: Single-spaced text body. Page Margins: Page margins must not be smaller than 0.5 inch on all sides. Color Figures: Applicants may include color figures as reviewers will be provided with the electronic pdf that you submit. Page Limits: Do not exceed the page limit of 5 pages] |
| Project Title: |
| Research Track:  Biomedical Research  Information and Communications Technology/ Systems Engineering  Cellular Medicine  Molecular Medicine |
| Primary Disease Area: |
| Research Approach: |
| Experimental systems to be used in the proposed experiments and their source: |
| IRB and IND requirements for the project: |
| Research Abstract [max 250 words]: |
| **Clinical Significance:** Address the following questions (no more than two sentences each)  o What is the clinical research question to be addressed?  o Why is your proposal important or innovative?  o How will the proposed research impact or improve patient care? |
| **Hypotheses and Specific Aims:** Clearly state each hypothesis being tested and the corresponding proposed specific aim. |
| **Background and Significance:** Discuss the scientific knowledge that led to the stated hypotheses and specific aims and cite critical references. State the importance and health relevance of the proposed research. |

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| **Preliminary Results:** Present data pertinent to the proposed research, especially if they substantiate the validity of a new technique or hypothesis or demonstrate expertise in a new area of research. |
| **Research Design and Methods:** Describe the procedures and methodology that will be used to accomplish the specific aims of the project. For each specific aim, describe the participants (age, age group, gender, etc.), samples and their source (commercial or from study subjects), study design, inclusion and exclusion criteria for participants if applicable, predictor and outcome variables, methods to measure or assess predictor and outcome variables, and randomization of treatment and analyses. Discuss any potential difficulties and alternate approaches that might be taken to accomplish the aims. |
| **Timeline:** Please insert a timeline for the completion of the project, including a description of expected results of research. Timeline should reflect the length of the fellowship (12 months). |
| **Literature Cited in Research Plan:** Provide complete references to the literature cited in the body of the Research Plan. (No page limit, 10-point font may be used). Use APA, MLA or Chicago citation style. |

I will abide by the hospital's regulations concerning application deadlines and admission requirements. I hereby certify that the information which I have given is true and correct. Any misinterpretation of facts on this form may be sufficient grounds for the dismissal of my application/ employment even after I have been accepted. Should any of this information change, I shall notify the office of the Department of Advanced Medical Education (MTO) immediately.

In view of my application for appointment as trainee, I hereby authorized The Medical City and its duly authorized representative to verify, validate and authenticate may personal, educational and professional background, qualifications and eligibility. Moreover, persons government or private institutions and other entities who may have information as to my personal, moral, professional qualifications and competence to discharge my profession are hereby authorized to release whatever information that may have in connection with the above subject matter.

Furthermore, I authorized The Medical City to disclose to the person/s government/private institutions my identity and other information sufficient for The Medical City to make credible and authentic inquiries.

Finally, I release and discharge any person/s, government/ private institutions and entities who have released any information in reference to this undertaking.

Signature Over Printed Name/ Date and Time