

UTMB Institute for Translational Science - Career Development Program

Translational Scholar Application Form

Full Name: _____ Current Position: _____

Address: _____ Phone: _____

U.S. Citizen or Permanent Resident: YES NO E-mail: _____

1. Educational Background: For each degree, provide photocopy of diploma or transcript

Institution	Years Attended	Degree Awarded & Major

2. Clinical/Translational Research Interest (check one)

Multidisciplinary Translational Team	
<input type="checkbox"/> aging muscle and sarcopenia	<input type="checkbox"/> pediatric respiratory infections
<input type="checkbox"/> obesity and its metabolic complications	<input type="checkbox"/> phenotypes of severe asthma
<input type="checkbox"/> burn injury and hypermetabolic response	<input type="checkbox"/> reproductive women's health
<input type="checkbox"/> hepatitis C-hepatocellular carcinoma	<input type="checkbox"/> arboviral vaccine development
<input type="checkbox"/> other: _____	

3. Identify a MENTOR: _____. Include letter from primary MENTOR confirming willingness to participate.

4. Attach a statement of interest (not to exceed 2 pages) to include the following:
- A. Professional goals and how participation in the program will help fulfill these goals
 - B. Research training experience
 - C. Clinical/translational research interests and experience

5. Attach a copy of your current curriculum vitae and evidence of research qualifications.

6. Have two letters of reference sent from supervisor, additional mentor, and/or department chair who can verify research potential and document support and release time. List names here: _____ and _____

7. Attach copies of published work (last 5 years).

All application materials and related information should be mailed to:

UTMB Clinical Research Education Office
301 University Blvd.; Campus Route 0266
Galveston, TX 77555-0266

Or, sent electronically to: creo.utmb@utmb.edu

The following information is for state and federal statistical reports.
It will NOT be considered in the admission decision.

Gender: <input type="checkbox"/> Female	<input type="checkbox"/> Male
Ethnicity: <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American
<input type="checkbox"/> White	<input type="checkbox"/> More Than One Race

Signature

Date