

Baylor College of Medicine
Clinical Scientist Training Program
Certificate of Added Qualification Application

Deadline: May 1, 2020

Name: _____ BCM ID#: _____
Last, First Middle

Date of Birth: _____ Place of Birth: _____
City State/Country

Sex: _____ Citizenship: _____ Visa Type: _____

Address: _____ Contact #: _____ Cell _____
Work _____

Email: _____ Pager _____

Current Academic Appointment: _____

Department/Division: _____

Institution: _____ Year of fellowship completion: _____

Proposed Mentor: _____

Proposed Area of Research: _____

Departmental Commitment to Research and Salary Support: Yes No

Combine application form with:

1. A summary of proposed research, written by the student and the mentor, including significance, hypothesis and experimental approach (1-3 pages)
2. Letter of support from division chair OR section chief OR program director stating that you will have protected time to attend all classes and have time to conduct research (50 percent minimum recommended) – **sent directly by referee to klevitt@bcm.edu**
3. Letter of support from mentor, stating that he or she will attend the one-day annual CSTP retreat in February and participate in mentorship training (dates and times to be determined) – **sent directly by referee to klevitt@bcm.edu**
4. A one-page personal statement describing research experience, research and career goals, and how this program will help in reaching these goals
5. NIH-style biosketch
6. NIH-style biosketch of mentor.
7. List of mentor's research trainees for the past 15 years. Exclude clinical trainees.
8. A photo of yourself

Send completed application form along with all application material to: Kelly Levitt klevitt@bcm.edu