

Rehabilitation Research Career Development Program (K12 HD055959)

Application Form

Name: _____ Current Position: _____

Address: _____ Phone: _____ Email: _____

U.S. Citizen or Permanent Resident: _____ YES _____ NO

1. Educational Background

| <i>Institution</i> | <i>Years Attended</i> | <i>Degree Awarded & Major</i> |
|--------------------|-----------------------|-----------------------------------|
| | | |
| | | |
| | | |
| | | |

2. Institution & Research Interest

University of Texas Medical Branch (Galveston)

- Neurological / Cognitive Rehabilitation
- Aging & Geriatric Rehabilitation
- Outcomes Research & Epidemiology
- Physiology / Metabolism and Biomechanics

University of Florida (Gainesville)

- Neurorehabilitation
- Neuromuscular Diseases
- Respiratory Physiology
- Assistive Technology
- Aging & Geriatric Rehabilitation

3. Identify a LEAD MENTOR: _____. Include letter from LEAD 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 professional qualifications.

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

7. Copies of published work.

All application materials and related information should be mailed to:

Beth A. Cammarn
University of Texas Medical Branch
Division of Rehabilitation Sciences
301 University Blvd.
Galveston, TX 77555-1137

Or, send electronically to rehab.info@utmb.edu

Signature

Date