

Designing Clinical Research 2012-2013 Program Application

Thank you for your interest in the program. Below please find instructions for applying to the program for support of the development and implementation of a clinical research or educational scholarship project, as well as the dissemination of the project's results. Feel free to contact us with any questions you have about your project ideas or the application itself (See contact information on previous page). Please submit your completed application electronically (no hand written applications please) via email to Sandy Wismer, Sandy.Wismer@allkids.org. Your completed application MUST include an electronic copy of your current CV and either an electronic signature or email (see details on last page) from your Division Chief (Physicians) or Department Director and Vice President (Non-Physicians).

A. Applicant Information

Name _____

Division/Department _____

Office address _____

Office phone _____

Email _____

B. Project Information

Proposed project title: _____

Proposed project study questions, objective(s), or ideas:

1. _____

2. _____

3. _____

Planned project duration: _____ to _____

It would be helpful to the program committee if you could further describe the following aspects of your project idea (1 page maximum):

1. Why is it important to do your study? (Rationale)
2. Who will the study be evaluating? (Sample)
3. What information/data will you measure or collect? How and how often will you measure or collect it (or has it already been collected?) (Methods and Measurement)

C. Clinical Research Program Information

If you have had previous clinical research training, please list here: _____

What clinical research training needs do you have? _____

Do you anticipate needing assistance with any of the following?

Articulating study aims	Yes	No
Study design	Yes	No
Data collection	Yes	No
Data analysis	Yes	No
Abstract preparation	Yes	No
Manuscript preparation	Yes	No

What resources do you anticipate needing to accomplish the project (for example, research assistant, data entry, statistical support, etc.)? _____

D. Division Chief Approval (Physicians); Department Director and Vice President Approval (Non-Physicians)

I support this individual in applying for this program and will ensure he/she can fully participate in the initial program retreat and subsequent workshops. Participation in this program includes development and

execution of submitted projects consistent with the expectations and guidelines stated in the *Description for Applicants*.

Department Director (print/signature)

Date:

Division Chief/Vice President (print/signature)

Date:

PLEASE NOTE *Signatures may be provided via an electronic signature or an email stating their agreement and support of the above statement for the submitted application. Please submit the email along with the completed application by the deadline.**