



KL2 Mentored Career Development Program Application Center for Clinical and Translational Science (CCaTS) Education Resources

Application Instructions

Thank you for considering Mayo Clinic College of Medicine for your training. This instruction sheet will help you understand the application process. Use this form as a checklist when preparing your application. *Only typed applications will be accepted.*

Applications must include:

- 1. A completed application form.** (Notarized copy of Permanent Resident Card, if applicable.)
- 2. A curriculum vitae following the NIH Biosketch format.** (sample and form available online at <http://grants1.nih.gov/grants/funding/phs398/phs398.html>).
- 3. A personal career development plan (maximum of 2 pages) addressing the following:**
 - Brief summary of your career path to date, including training in clinical or other research and a description of your current research interests.
 - Your overall career goals both short and long term, including your plan to incorporate a multidisciplinary approach in your career.
 - The training you are seeking and how the training provided by the program will help you achieve these goals. Include how it will add any existing training and experiences with clinical research.
- 4. Initial Mentoring Agreement** (<http://www.mayo.edu/pmts/mc1400-mc1499/mc1499-19.pdf>)
- 5. Title and description of your proposed research practicum experience (maximum of 7 pages including references).** Include specific aims (1/2 to 1 page), background and significance (1 to 2 pages) and an outline of possible research methods with appropriate literature citations. It is recognized that some applicants may not have yet fully developed a research project (training provided by the program is designed to help you do so), but this description should provide sufficient information for the Advisory Committee to determine whether the proposed research project will provide an adequate training experience.
Address letters of recommendation to Dr. Kejal Kantarci, Associate Director, CCaTS KL2 Program
- 6. Proposed primary mentor** - Include the mentor's assessment of the candidate's qualifications, in particular motivation and potential for future success. Indicate the mentor's qualifications, including experience in providing similar mentorship and research expertise. The letter should also indicate how often meetings will occur with the candidate and that adequate space, facilities and resources will be made available for the successful completion of the research project. If the practicum experience is to also include involvement in an ongoing research project sponsored by the mentor, a full description of that project should be provided, including description of the specific role of the candidate in this project and how this experience will lead the candidate to become an independently funded investigator.
(Attach the NIH biosketch, including the mentee training record of the mentor.)
- 7. Proposed co-mentor** - The co-mentor must be in a different discipline than the primary mentor. Include the co-mentor's assessment of the candidate's qualifications, in particular motivation and potential for future success. Also indicate the co-mentor's qualifications, including experience in providing similar mentorship and research expertise. **(Attach the NIH biosketch, including the mentee training record of the mentor.)**
- 8. Candidate's division/department chair** - Include the willingness of the division or department to provide an administrative appointment to the successful candidate. This must specifically state that at least 75% of the candidate's time will be protected for coursework and research, should the candidate be selected for the program. Candidates involved in highly procedural specialties, such as surgery, may propose a 50% time commitment, but strong justification for this level of effort must be supplied. The letter should identify the appointment type the candidate will have in this department during the award period and also comment on plans for the further career development of the candidate (including research space and other resources) after the period of the Scholar award. Also address the candidate's motivation and likelihood to become an independent investigator.
- 9. Faculty member** - Someone thoroughly familiar with the candidate's clinical and research related activities. Include the writer's opinion of the candidate's professional, academic and personal qualifications, as well as opinion of candidate's potential for success in the field for which he/she is applying.
- 10. Financial Effect Analysis (FEA)** - Contact your research administrator/research finance accountant to prepare the FEA based on your appointment at the start of the grant. Include the Mayo research administrator and division/department chair signatures stating financial analysis has been completed and they are both aware of the financial impact, if any, to the division/department.

Application Packet Deadline: October 1

Submit application packet electronically or in paper form to:
CCaTS Education Resources
Marissa Hansen
Plummer 3
200 First Street SW
Rochester, MN 55905

For further information, contact Marissa Hansen at
507-293-0909 or hansen.marissa@mayo.edu



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Read the instructions provided. Upon completion, print the form and forward (along with required supporting documentation) to the address provided on the instruction page.

Personal Information

Applicant Name <i>(Last, First, Middle Initial)</i>				Degree
Current Home Address				Home Phone
City	State or Province	ZIP or Postal Code	Country	Work Phone
Email <i>(if available)</i>			Permanent Email <i>(if available)</i>	
Permanent Address <i>(parent or relative through whom you can always be contacted)</i>				Phone
City	State or Province	ZIP or Postal Code	Country	

Current Administrative Appointment Department/Division _____ <input type="checkbox"/> Clinical/Research Fellow <input type="checkbox"/> Research Associate <input type="checkbox"/> Associate Consultant <input type="checkbox"/> Senior Associate Consultant/Tenure-track Faculty <input type="checkbox"/> Consultant/Tenured Faculty <input type="checkbox"/> Other (indicate) _____	Current Academic Appointment <input type="checkbox"/> Instructor of _____ <input type="checkbox"/> Assistant Professor of _____ <input type="checkbox"/> Associate Professor of _____ <input type="checkbox"/> Professor of _____ <input type="checkbox"/> No current academic appointment
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Education

Institution Name, Location	Training Dates	Degree(s) Earned	Major/Minor Fields of Study

Equal Opportunity/Affirmative Action *(Optional Section)*

The Mayo Clinic College of Medicine is committed to a policy of equal opportunity and affirmative action in the appointment process. We request that you describe yourself by checking the appropriate boxes below.

Sex	Citizen (check one) <input type="checkbox"/> U.S. Citizen or U.S. Noncitizen National <input type="checkbox"/> Permanent Resident of the U.S. (attach Notarized copy of your Green Card.)		
<input type="checkbox"/> Female	Race/Ethnicity: Are you Hispanic (or Latino?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intentionally withheld		
<input type="checkbox"/> Male	Racial Background: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Intentionally withheld <input type="checkbox"/> More than one race		
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to provide		If yes, which of the following describes your disability? Check all that apply. <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Mobility/orthopedic impairment <input type="checkbox"/> Other, list _____	
Disability: A physical or mental impairment that substantially limits one or more major life activities.		Are you from a disadvantaged background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to provide	

Work Experience

Dates <i>(provide month and year)</i> From To	Description
Dates <i>(provide month and year)</i> From To	Description
Dates <i>(provide month and year)</i> From To	Description
Dates <i>(provide month and year)</i> From To	Description

Board Certifications

Board Certified In	Date <i>(Month DD, YYYY)</i>
Board Certified In	Date <i>(Month DD, YYYY)</i>

Letters of Recommendation (Four letters are required.)

List below the **name and department/division** of your primary research mentor, co-mentor, department/division chair and a faculty member writing letters of recommendation.

Primary Mentor	Department/Division	Department/Division Chair
Co-mentor	Department/Division	Faculty Member

Applicant Certification

Beginning July 1, I am requesting funded time of: <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% (procedural specialties only)	
I am requesting _____ years of funding to end on (indicate end date): _____	
I certify all the information I have provided is complete and accurate.	
Applicant Signature	Date <i>(Month DD, YYYY)</i>