PEDIATRIC SCIENTIST DEVELOPMENT PROGRAM

UNDER THE AEGIS OF THE ASSOCIATION OF MEDICAL SCHOOL PEDIATRIC DEPARTMENT CHAIRS, INC. (AMSPDC)

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Pediatric Scientist Development Program ELIGIBILITY FORM

(for PSDP application submission February 1, 2015)

The Pediatric Scientist Development Program (PSDP) is designed to provide research training relevant to specialty areas of pediatrics and to prepare entry-level faculty for research careers in academic pediatrics. Physicians presently in pediatric residency or first year of fellowship who wish to train in basic, translational, or clinical research with an established investigator/mentor are encouraged to apply, as are candidates who seek training in epidemiology/statistics, informatics, health services, or health policy (see attached Statement on Clinical and Translational Research). No patient contact/clinical duties are allowed during the first two years of PSDP-sponsored training.

This **Eligibility Form** is used to determine the accurate timing of application submission. An Application will be provided once eligibility has been verified. For most candidates, the Application will be due on February 1 of the PGY-3 year; therefore, an Eligibility Form should be submitted electronically to the PSDP Program Coordinator (ana.madani@cchmc.org) no later than the fall of the PGY-3 year (or PGY-2 year if fast tracking). All applications to PSDP are to be submitted by February 1, 17 months prior to the start of longitudinal protected continuous research time. Refer to our web site for additional details: www.cincinnatichildrens.org/psdp

CURRENT DATE:

PERSONAL DATA			
Last Name	First Name	Middle Initial	Degree(s)
Current Address (Street City, State, Country, Zip Code)			
Home Telephone	Cell Telephone		
E-mail Address	Place of Birth and Date of Birth (month/day/year)		
Country of Citizenship:			
If not a USA or Canadian citizen, what is your citizenship status:	Permanent Resident:	Other:	
	Issue Date:	Expiration Date:	

CURRENT POSITION (check one)	PGY2		PGY3		PGY4/Chief		1st Yr Fellow	
	PGY3 Canada		PGY4 Canada		Other (explain)			

EDUCATION/TRAINING: Applicants educated or trained outside the USA should list equivalent degree.			
Education	**Name and Location of Institution**	**Dates of Attendance**	**Degree Awarded**
College			
Medical School			
Graduate School			
Postgraduate	**Name and Location of Institution**	**Dates of Attendance**	**Type of Training**
Internship			
Residency			
Other			

Name (First/M.I./Last)	

PEDIATRIC FELLOWSHIP						
Institution:						
Department Chair:						
Applied for?	Yes		No		Subspecialty:	
Accepted?	Yes		No		Start date:	
Division Chief:					Email:	
Fellowship Director:					Email:	

PROPOSED RESEARCH PROJECT	
Research Interest	
Research Mentor	
Academic Title	
Dept & Institution	

PROPOSED MENTOR'S RESEARCH FUNDING: ***Attach NIH Biosketch, Canadian Common CV or describe below.***

The PSDP recommends that research mentors have NIH or other funding to cover the years which you plan to spend in the lab. This funding is not expended on your training, but it is a marker of a well-established research program. Laboratories selected for training should have strong reputations and a long history of funding. Training must be directed by senior scientists and the mentor is expected to provide direct supervision of the PSDP candidate.

Ongoing Research Support:

Pending Research Support:

HOW DID YOU HEAR ABOUT THE PROGRAM? (Check the appropriate information source)					
PSDP Alumni		APS/SPR		Program Faculty	
PSDP website		Pediatric Department Chair		Frontiers in Science Conference	
Other (be specific)					

ADDITIONAL COMMENTS

For PSDP Use:	Inquiry Date:			
	Eligibility Sent:		Eligibility Received:	
	Application Sent:		Application Received:	