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|  | **Clinical Investigator Award** |

**At-a-Glance Form**

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| Applicant’s Name: | | Institution: |
| Departmental Affiliation: | | Are you Board Eligible?  Yes  No |
| Academic Rank: | | Do you hold a valid, active U.S. medical license?  Yes  No |
| Has your Institution guaranteed you 80% protected time to conduct your research?   Yes  No  Department Chair is requesting a waiver of the 80% requirement (*see attached letter signed by Chair*). | | Do you have a Tenure-Track Position?  Yes  No |
| If not, what is your status in securing a tenure-track  position? |
| Will you dedicate 80% of your time to conduct research?  Yes  No | |
| Do you have your own laboratory space?  Yes  No | | Did your Institution provide you with a start-up package?  Yes  No |
| If so, please detail your laboratory space (*where is it located, how much space, is it dedicated or within another lab*): | | If so, please supply details, including dollar amount of package: |
| If not, please provide a timeline of when you will be allocated your own lab space and detail the future space: | | List other resources provided by your Institution: |
| List other funding sources:  *Current* (*term*): | *Pending* (*activation date*): | List previous research experience (*e.g. graduate, postdoctoral, fellowship research*) *including type of research, years and mentor*(*s*): |
| Mentor’s Name: | | Co-Mentor’s Name(*if applicable*): |
| Mentor’s Academic Rank: | | Co-Mentor’s Academic Rank(*if applicable*): |
| Mentor’s Departmental Affiliation: | | Co-Mentor’s Departmental Affiliation(*if applicable*): |
| (*for the applicant*) Please write a paragraph describing the nature of your clinical activities: | | |