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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:      |