

## Application Form

Summer Institute on Design and Conduct of Randomized Clinical Trials  
Involving Behavioral and Social Interventions

July 11 to 23, 2004 – Airlie, Virginia

**Please type or print clearly the information requested below.**

Name \_\_\_\_\_  
Professional Title \_\_\_\_\_  
Department/Division \_\_\_\_\_  
University or Institution \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Academic/Prof Degree(s) \_\_\_\_\_ Year(s) Obtained: \_\_\_\_\_

### **Mailing Address**

(If different from above; where you can be reached between now and the beginning of the Summer Institute.)

\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### **Supporting Materials**

Please also provide one letter from a sponsor (someone who is familiar with you and your research), your own statement of your research goals and how the course would be beneficial, and your curriculum vitae. If you require reasonable accommodations because of a disability in order to participate in this activity, please include this information with your application or inform Michaela Shank at least 60 business days before the course begins. *A request for reasonable accommodation to a disability will not influence the selection process!*

**Applications must be received by Friday, February 27, 2004. Fellowship invitations will be sent out by April 19, 2004. Mail four complete sets of this application and the supporting materials to:**

Columbia University  
Michaela Shank, Dept. of General Medicine  
622 W. 168<sup>th</sup> Street, PH9-947  
New York, NY 10032  
Phone: 212.342.4494  
Fax: 212.305.3172  
E-mail: mds2114@columbia.edu

- \_\_\_\_\_ 4 copies of my application form are included.  
\_\_\_\_\_ 4 copies of my **sponsor letter** (maximum 2 pages) are enclosed.  
\_\_\_\_\_ 4 copies of my **personal statement** (maximum 2 pages) indicating the basis of my interest in the Summer Institute are provided.  
\_\_\_\_\_ 4 copies of my **curriculum vitae** are attached.

I understand that the Summer Institute can accommodate only a limited number of applicants and that an applicant who fails to attend after acceptance denies another worthy applicant the opportunity to participate. Therefore, I assure the National Institutes of Health that, if accepted, I will participate in the full program of the Summer Institute from 6:00 PM on July 11 to 3:00 PM on July 23, 2004. I am an U.S. citizen or a non-citizen with permanent resident status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_