

**SCIENTIFIC MERIT REVIEW BOARD SUMMARY STATEMENT**

1. HEALTH CARE FACILITY/NO.	2. LOCATION OF HEALTH CARE FACILITY	3. PRINCIPAL INVESTIGATOR(S), DEGREE
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4. SOCIAL SECURITY NUMBER	5. VA TITLE	6. MERIT REVIEW DATE
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7. PROJECT NUMBER/TITLE

8. AMOUNT REQUESTED EACH YEAR (PROGRAM \_\_\_\_\_)

1ST \_\_\_\_\_      2ND \_\_\_\_\_      3RD \_\_\_\_\_      TOTAL \_\_\_\_\_

<p>9. VA EMPLOYMENT STATUS (Mark only one)</p> <p><input type="checkbox"/> FULL -TIME</p> <p><input type="checkbox"/> PART -TIME</p> <p><input type="checkbox"/> WOC</p> <p><input type="checkbox"/> OTHER</p>	<p>9A. VA SALARY SOURCE (Mark only one)</p> <p><input type="checkbox"/> REHAB R&amp;D</p> <p><input type="checkbox"/> CAREER DEVELOPMENT</p> <p><input type="checkbox"/> PATIENT CARE</p> <p><input type="checkbox"/> OTHER</p>	<p>10. TYPE OF PROJECT (Mark only one)</p> <p><input type="checkbox"/> NEW</p> <p><input type="checkbox"/> ONGOING</p> <p><input type="checkbox"/> PILOT</p>
		11. NO. OF REHAB R&D PROJECTS

12. PRIMARY RESEARCH PRIORITY AREA

13. DEPARTMENT, LABORATORY, ETC. IN WHICH APPOINTMENT IS HELD

14. NAME OF ACADEMIC AFFILIATION AND TITLE OF MAJOR FACULTY APPOINTMENT

YEAR	TOTAL	PROJECT INITIATED	MONTH	YEAR
<b>(CURRENT)</b>		PROJECT TERMINATED		
		QUARTER FUNDING INITIATED		
<b>1ST</b>		MERIT REVIEW BOARD RECOMMENDATION		
<b>2ND</b>		DURATION (YEARS)		
<b>3RD</b>		PRIORITY SCORES		
		SCIENTIFIC _____		
		PROGRAMMATIC _____		