

Child Intervention, Prevention & Services 2018 Summer Institute/Fellowship Application

PERSONAL INFORMATION

First Name

Last Name

With what gender do you most identify?

Male
Female
Trans*
Other:

Do you consider yourself to be Hispanic or Latino?

Yes
No
Do not wish to specify.

What race do you consider yourself to be? Check all that apply.

Native American or Alaska Native
Asian
Black or African American
Native Hawaiian or Pacific Islander
White
Do not wish to provide

Do you consider yourself to be from a disadvantaged background?

Yes No

Do you have a disability?

Yes No

INSTITUTIONAL INFORMATION

Title of Current Position:

DEPARTMENT:

EMAIL ADDRESS:

PHONE NUMBER:

Department Chair:

Chair E-Mail Address:

University or Institutional Affiliation

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

What percentage of protected time for research do you have at your institution? (Enter a number between 0 and 100.)

What percentage of time do you devote to research? (Enter a number between 0 and 100.)

What percentage of time do you devote to teaching? (Enter a number between 0 and 100.)

What percentage of your time do you devote to clinical work? (Enter a number between 0 and 100.)

MENTORSHIP

Have you established or do you participate in a peer group to support research training?

No

Yes, I participate

Yes, I helped establish one

Have you established or do you participate in a journal club in your institution?

No

Yes, I participate

Yes, I helped establish one

How many mentors do you have?

Where are your mentors located?

I have no mentors

Local

Distant

Both

Rate your career mentoring experience.

Not valuable

Somewhat valuable

Valuable

Very valuable

Extremely valuable

How many individuals have you mentored in research?

How many individuals have you mentored in clinical areas?

List the scientific meetings you have attended in the past year.

List the scientific meetings at which you have presented in the past year.

List the honors and awards you have received in the past year.

List the professional societies of which you are a current member.

How many peer reviewed journal articles have you published thus far?

How many book chapters have you authored?

Have you entered into any national career development programs (if yes, which one[s])?

Have you been involved in any formal research training programs at your institution (if yes, describe below)?

GRANT FUNDING

Please list your grants received, grants submitted, and grants you plan to submit. If relevant, specify the funding mechanism (e.g., K01, R01, K23) and funding source (i.e., NIMH, NIAAA, Pfizer, MacArthur Foundation, and seed money sources). List only grants on which you are the primary investigator.

Grant Title

Funding Agency

Status

To be submitted

Submitted

Awarded

Date awarded, submitted, or to be submitted (mm/dd/yy)

Grant Title

Funding Agency

Status

To be submitted

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Awarded

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EDUCATION & INTERESTS

We accept MDs in a variety of disciplines (e.g., psychiatry, neurology, pediatrics) and PhDs in the following areas:

- Psychology
- Sociology
- Social Work
- Nursing
- Public Health

Primary Degree:

If Other, please describe.

Research Interests.
Check all that apply.

Prevention
Intervention/
Treatment
Services

Disease Interest.
Check all that apply.

Depression
Bipolar Disorder
Anxiety
Schizophrenia
Alcohol/drug
abuse
Eating disorders
ADD
Other

If Other,
please
describe.

HOW DID YOU HEAR ABOUT CHIPS?

Referral?

Yes
No

If Yes, who?

What is their institutional affiliation?

What is their e-mail address?

How did you hear about us?

ACNP Conference
AACAP Conference
Training director
Advisor
APA Early Career listserv announcement
Department Chair
CHIPS alumnae
Ad in journal (describe below)
other (describe below)

Describe ad in journal or "other."

PLEASE SEND THIS APPLICATION TO Cindi Donaldson (donaldsoncl@upmc.edu), as well as .pdf versions of the following:

Please attach your CV. Please name this file "YourLastName,YourFirstName – CV"

Please attach a three to five page description of a proposed research project with Aims, Background, Significance, and Methods. Be sure your file includes your name and institutional affiliation. Please name your file "YourLastName,YourFirstName – Research Plan"

Please attach a one to two page description of your career goals and training objectives and how the CHIPS program can help you attain these objectives. Be sure your file includes your name and institutional affiliation. Please name your file "YourLastName,YourFirstName – Career Goals"

Please attach TWO letters of recommendation. Please name these files "YourLastName,YourFirstName - letter1", and "YourLastName,YourFirstName - letter2"

If you wish, attach an article that you would like the committee to consider as part of your application. Please name this file "YourLastName,YourFirstName – article"