Important: Before filling out the application, please save to your computer.



RESEARCH FELLOWSHIP APPLICATION Must be received by March 17, 2017

Date of Birth:	
E-mail:	
GPA:	
YES / NO	
YES / NO	
YES / NO	
or which you are interested in applying:	
6.	
7.	
8.	
9.	

Please limit your responses to the space provided

List any previous research experience:

List any special skills that may benefit the research project for which you are applying:



RESEARCH FELLOWSHIP APPLICATION Must be received by March 17, 2017

Why would you like to participate in this program?
What do you hope to learn during your experience?
How did you hear about the Research Fellowship program?



RESEARCH FELLOWSHIP APPLICATION Must be received by March 17, 2017

Research Fellowship specific requirements:

- Must have a professional appearance.
- Must be available from 06/12/2017 through 08/04/2017.
- Identification badges provided by Cleveland Clinic Akron General must be worn while on site.
- All information about patients is confidential. You will be required to complete Human Subjects Research and HIPAA training and to sign a Confidentiality Acknowledgement prior to starting your Research Fellowship.

Are you willing and able to meet these requirements	5 :	YES / NO	
Please list the names of the individuals sending letters of recommendation on your behalf:			
1.	2.		
Note: Please advise the individuals to include your name in the s	subject line when emailing letter	s of recommendation.	

Please send this application form with a CV/resume and 2 letters of recommendation to:

Department of Research
Cleveland Clinic Akron General
1 Akron General Ave
Akron, OH 44307
-OR-

<u>Diane Post at PostD@ccf.org</u> (with Research Fellowship in the Subject line)

by March 17, 2017