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



## RESEARCH FELLOWSHIP APPLICATION Must be received by March 15, 2019

Student Name:	Date of Birth:	
Phone number:	E-mail:	
School:	GPA:	
Year in Graduate or Medical program:		
Are you available 06/03/2019 for Orientation?	YES / NO	
Are you available 07/26/2019 for Presentations?	YES / NO	
Do you have a scheduled vacation or obligation during the Fellowship period?	YES / NO	
Please select, in order of preference, no more than three project numbers for which you are interested in applying:  1. First Choice:  2. Second Choice:  3. Third Choice:		
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:



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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?



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Research Fellowship specific requirements:

- Must have a professional appearance.
- Must be available from 06/03/2019 through 07/26/2019.
- 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:	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 subject line when emailing I	etters 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-

Kalisha Washington at WashinK3@ccf.org (with Research Fellowship in the Subject line)

by March 15, 2019