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



RESEARCH FELLOWSHIP APPLICATION Must be received by March 13, 2020

Student Name:	Date of Birth:		
Phone number:	E-mail:		
School:	GPA:		
Year in Graduate or Medical program:			
Are you available 06/05/2020 for Orientation?	YES / NO		
Are you available 07/31/2020 for Presentations?	YES / NO		
Do you have a scheduled vacation or obligation dur Fellowship period? If yes, list dates	VEC / 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 06/05/2020 through 07/31/2020.
- 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 lin	ne when emailing letters 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 13, 2020