

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



RESEARCH FELLOWSHIP APPLICATION

Must be received by March 1, 2023

Student Name: _____ Date of Birth: _____

Phone number: _____ E-mail: _____

School: _____ GPA: _____

Year in Graduate or Medical program: _____

Are you available 05/22/2023 for Orientation? YES / NO

Are you available 07/14/2023 for Presentations? YES / NO

Do you have a scheduled vacation or obligation during the Fellowship period? If yes, list dates _____ 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:

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 specific requirements:

- Must have a professional appearance and plan to participate in person for the duration of the Fellowship.
- Scheduled hours are 8:00AM to 4:30PM Monday through Friday during which time you must be under the direct supervision of your Project Leader or designee.
- Must be available from 05/22/2023 through 07/14/2023 (Except Memorial Day and Independence Day - July 4, which are unpaid holidays).
- 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

****Note regarding shadowing experiences:** Some projects require shadowing as part of the workday. If a desired shadowing experience is not included or does not pertain to the project, CCAG shadowing requirements must be followed and such shadowing will occur during personal time only.

Please list the name of the individual sending a letter of recommendation on your behalf (only one letter of recommendation required):

Note: Please advise the individual to include your name in the subject line when emailing letter of recommendation.

Please send this application form with a CV/resume and 1 letter of recommendation to:

Cleveland Clinic Akron General Medical Education Administration
RE: Summer Research Fellowship
1 Akron General Ave
Akron, OH 44307

-OR-

ccagsummerresearch@ccf.org
(with Research Fellowship in the Subject line)

by March 1, 2023