Date of Applicition 2/15/13

THE RESEARCH INSTITUTE STUDENT & TRAINEE PROGRAM APPLICATION

The purpose of the Research Institute's Student & Trainee Program is to expose and engage participants to the high quality, cutting edge research that is performed here at the Research Institute, while upholding the highest scientific and ethical standards. The experiences and opportunities facilitated at the Research Institute's Student & Trainee Program serve as a beneficial learning experience for the and must relate to their field of study within their affiliated institution. Opportunities may be available to individuals seeking to further their knowledge on an area of interest and gain thorough research experience. The Research Institute's Student & Trainee Program's intention is to expose Trainees and Interns to facilities, processes, and experiences that will engage participants and help them to better understand how to apply their knowledge to research.

Section I - Personal Information:

Last Name First Name Middle Initial

Date of Birth Email

Address Apt # Zip Code

City State Home Number Cell Number

Emergency Contact Information

Name Relationship

Phone Number

Education

Current Institution Highest Level of Education

Current Department: Current Program:

Type of School	Name of School, City, State	# Yrs Comp	Major or Degree
High School			
College			
Prof School			
Other			

Section I - Personal Information (Continued):

Background

Have you ever been convicted of a crime: ◯ **yes** ◯ **no**

If yes, please explain

Do you have a drivers license? ◯ **yes** ◯ **no** **State of issue:**

Section II - Experience:

Attachments:

1. Please attach a Resume if you have one.

2. Please submit a Statement of Intent/Cover Letter

Section III - Interests and Availability:

Please select the CENTER(s) you are interested in:

- ☐ Administration
- ☐ Battelle Center for Mathematical Medicine
- ☐ Biobehavioral Health
- ☐ Biopathology
- ☐ Cardiovascular & Pulmonary Medicine
- ☐ Childhood Cancer
- ☐ Clinical & Translational Medicine
- ☐ Gene Therapy
- ☐ Injury Research & Policy
- ☐ Innovation in Pediatric Practice
- ☐ Microbial Pathogenesis
- ☐ Molecular & Human Genetics
- ☐ Perinatal Research
- ☐ Vaccine & Immunity

For additional information about the centers please visit: http://www.nationwidechildrens.org/research-centers

Availability:

Start Date: Projected End Date:

Please list the hours you are available for the given days:

Monday	Tuesday	Wednesday	Thursday	Friday

Section IV - References:

Reference	Name of Reference, Title	Email	Phone Number
Personal/Professional			
Personal/Professional			
Academic			
Academic			

Additional Information/Comments:

Please save this document as LastName_FirstName_NCHRI Application.pdf

Section V - Signature:

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination.

Electronic Signature

Please return application to:

Lauren R. Kauffman
Research Project Coordinator - Faculty and Training Resources
The Research Institute
Nationwide Children's Hospital
700 Children's Dr.
Columbus, OH 43205
614-722-2702
614-722-2716 (fax)
Lauren.Kauffman@NationwideChildrens.org