

NAME: _____

2. List the course name, course number, and date of satisfactory completion for the following course requirements. (If waived, please include back-up documentation).

Grant Writing Training

Basic Research Statistics Course

Advanced Research Statistics Course

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Neuroscience Course

**** Please attach transcripts of these course grades to this application. Unofficial transcripts are acceptable.**

3. Have you submitted an application for individual funding (circle one)? **YES** NO

Date(s) of submission (include all) _____ From which funding institution(s)? _____

Title(s)? _____

4. Did you attend and participate in laboratory/journal club meetings at a laboratory outside your main emphasis (circle one)?

YES

NO

Which lab/journal club? _____

Please provide a contact for the club: _____

5. Did you and your Faculty Mentor complete an Individual Development Plan (IDP)?

YES

NO

N/A

****Please attach a copy of every IDP you have to this application.**

RETURN TO: Brigham and Women’s Hospital, Division of Sleep Medicine, 221 Longwood Avenue, BLI 438, Boston, MA 02115 ATTN: Sleep Training Program Coordinator, sleep_training@hms.harvard.edu

NAME: _____

6. Complete the Partners Attestation of Completion of Responsible Conduct of Research worksheet on the next page and include a signed copy with your application.

7. Please use the space below for any other information you would like the committee to consider:

Please fill in your name and sign below:

_____, attest that the answers provided above are true to my knowledge and that I have filled out the form to the best of my ability.

SIGNATURE

DATE