*DCRI Fellowship Application*

**Criteria for being a DCRI Fellow**

**Mentor**- The fellows’ mentorship team must include a DCRI Faculty member

**Research Interest**- The fellows’ research interests must align with DCRI’s mission and goals

**Funding Requirements**- All fellows must have full funding for their time at the DCRI

**Timeline**:   
**January/February**: Complete DCRI Fellowship Application and return with CV to Janelle Burner  
**March**: Meet with DCRI Fellows Leadership Team  
**May**: Notification of Participation in the Program  
**July 1**: Begin DCRI Fellowship

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| **Name** (with credentials) **& Contact Information** (email and phone): |  |
| **How long do you envision your training at the DCRI to be?** (i.e. 1 yrs, 2yrs, etc.) |  |
| **Dates of Training at the DCRI:** | MM/DD/YYYY-MM/DD/YYYY |
| **Sponsoring Division or Institution:** For those from Duke University Medical Center, please list the sponsoring Division/Department. For international fellows, please list the sponsoring Institution and Division/Department. |  |
| **Expected Clinical Commitments during DCRI Fellowship:** Please list the required clinical commitments you expect to have during your DCRI research fellowship training, including outpatient clinics, inpatient rounding, and procedure-based training at either Duke University Medical Center or another institution. Please estimate the percentage of your time you expect to devote to clinical commitments. | Time that will be spent on Clinical Commitments: % |
| **Career Objectives:** In 1-2 paragraphs, please describe your near-term (first 3 years after completing training) and long-term career objectives and those related to the type of position you expect to obtain after completion of the DCRI Research Fellowship (if known). | Paragraph:  Time Allotment Breakdown (%) of your desired position:  Research:  Clinical Care:  Teaching:  Administrative/Leadership:  Other (specify): |
| **Post-Training Clinical Area:** (I.e. Advance Heart Failure, Pediatric Cardiology, General Surgery, etc.) |  |
| **Post-Training Position Location Preference:** (specific institution or region of the country) \*If you know. |  |
| **Mentorship Plan:** Please name your planned primary research mentor from the DCRI Faculty who will be responsible for providing both career and research guidance. Also, please identify all members of your mentorship team including any secondary mentors and briefly describe the aspects of mentorship they will provide. The Methodology Mentor can be a biostatistician or any methodology expert. | A. Primary Research Mentor:  B. Primary Methodology Mentor:  C. Primary Clinical Subspecialty Mentor:  D. Additional Mentors:  1)  2)  3) |
| **Research Plan:** In 1-3 paragraphs, please provide the themes that will guide your research training at DCRI, your planned research projects, and the faculty members with whom you will be working on these projects. |  |
| **Proposed Didactic Training Plan:** Please indicate whether you are planning to pursue the Clinical Research Training Program (CRTP) MHS degree at Duke University School of Medicine, a biostatistics degree (at Duke, UNC, or NC State), an MPH degree at the UNC School of Public Health, a degree at the UNC School of Pharmacy, etc. If you are planning to take courses, without pursuing a formal degree program, please indicate this as well. | Plan on taking coursework: Y/N Degree Seeking: Y/N Degree Program: |
| **Source of Salary Support:** Please describe the type and source of your funding support for the DCRI Research Fellowship including the sponsoring Division (for those from training programs at Duke University Medical Center) or Institution (for international fellows), whether you will be part of an NIH training grant, and what type of tuition reimbursement you expect to receive for didactic training/courses from your sponsoring Division or Institution. |  |