

Share Your Interests & Experience

Please email this form to MPCRN@usuhs.edu and we will reach out to you shortly.

Contact Information

First and Last Name:

Email Address:

Organization Name or Site:

Experience

How would you describe your current role?

- Pre-clerkship Student Clerkship Student Post-clerkship Student PGY1 PGY2
 PGY3 PGY4 or higher Faculty with <3 years of experience
 Faculty with >3 years of experience Non-faculty Clinician
 Other:

What is your projected rotation date out of your current role? *Faculty and Staff only*

What is your projected graduation date? *Students and Residents only*

Have you ever been a PI or AI on a research project? *PI= Principal Investigator, AI= Associate Investigator*

- Yes No

Have you received previous grant funding for your research?

- Yes No

Have you ever published your research findings? *Optional: To facilitate collaborations, please consider submitting your CV to MPCRN@usuhs.edu*

- Yes No

Interests

Which of our research priorities most interest you? *Please refer to www.usuhs.edu/MPCRN for a description of our research priorities. We encourage educational impact across all three priorities.*

- Health Transitions Health Disparities Decision Making and Decision Support
 Educational Research

Which medical specialties more interest you? *Choose as many as apply.*

- | | |
|---|--|
| <input type="checkbox"/> Behavioral and Social Sciences | <input type="checkbox"/> Aging |
| <input type="checkbox"/> Women's Health | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Heart, Lung, and Blood | <input type="checkbox"/> Neurological Disorders and Stroke |
| <input type="checkbox"/> Maternal and Perinatal Health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Alcohol Abuse and Alcoholism | <input type="checkbox"/> Dental and Craniofacial Research |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Biomedical Imaging & Bioengineering |
| <input type="checkbox"/> Environmental Health Sciences | <input type="checkbox"/> Complementary and Alternative Medicine |
| <input type="checkbox"/> Minority Health and Health Disparities | <input type="checkbox"/> Arthritis and Musculoskeletal and Skin Diseases |
| <input type="checkbox"/> Child Health and Human Development | <input type="checkbox"/> Diabetes and Digestive and Kidney Disease |
| <input type="checkbox"/> Allergy and Infectious Disease | <input type="checkbox"/> Deafness and Other Communication Disorders |
| <input type="checkbox"/> Vision and Eye Health | |
| <input type="checkbox"/> Nutrition | |
| <input type="checkbox"/> Genomics | |

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM. PLEASE EMAIL TO MPCRN@USUHS.EDU.
