

CLINICAL TRANSLATIONAL RESEARCH CERTIFICATE OF ADDED QUALIFICATION APPLICATION

Baylor
College of
Medicine

GRADUATE
SCHOOL OF
BIOMEDICAL
SCIENCES

Applications must be submitted by 5:00 pm on June 1, 2021

Collate all materials in order below into a single PDF file and email to:

Kelly Levitt
CTR-CAQ Program Administrator
BCM Graduate School of Biomedical Sciences
klevitt@bcm.edu
BCM-204S
713-798-4267

REQUIRED APPLICATION MATERIALS

1. Completed cover page (SEE NEXT PAGE)

2. A student personal statement (maximum 2 pages; Arial 11 font, 0.5" margins) with information on:

- Past research experiences,
- The student's anticipated (ongoing) thesis research, highlighting translational aspects
- Career goals with specific clarification about interest in translational research
- Explanation of why the student wants to participate in the CTR-CAQ and how it will benefit their training and career goals.

3. Two support letters.

Thesis advisor letter which must contain:

- Assurance that the advisor supports the student's participation in the program
- Assurance of release time from thesis research to accommodate the required activities of the CTR-CAQ
- Supporting information as to why the advisor recommends the applicant to the CTR-CAQ program
- If you would like the student to be considered for a training slot on the program's T32, please elaborate in your support letter

Note: student eligibility for the Molecular Medicine T32 includes: US citizen or permanent resident, no other concurrent training grant support or individual fellowship support. *[Please note that per NIH guidance, MSTP students are not eligible for support by this particular T32]*

Letter from the proposed clinical translational research mentor which must contain:

- Supporting information as to why they recommend the student to the CTR-CAQ program
- Information on the mentor's clinical translational research activities and how the student might benefit
- A statement of commitment by the mentor to participation in mentorship training and activities related to the CAQ program

4. A biosketch in NIH format from the student.

5. A biosketch in NIH format of the clinical translational research mentor.

6. A biosketch in NIH format of the thesis advisor.

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COVER PAGE

**Student Application to the
Clinical Translational Research Certificate of Added Qualification Program**

Student name: _____ **Date:** _____

Student signature: _____

Graduate program: _____

Current year in program: 1st 2nd

T32 Training Grant Support:

Interested in and eligible for (US citizen or permanent resident) possible support by the program's T32 training grant if accepted:

Yes No

Currently appointed on other training grant or fellowship:

Yes No

If yes, when does that support end? _____

Thesis Advisor name: _____ **Date:** _____

Thesis Advisor signature: _____

Program Director Attestation:

I confirm that the graduate program leadership supports the student's participation in the program without restrictions or concerns and that there are no circumstances that will negatively influence the student's successful participation in the program

I confirm that the student will be allowed to participate in all CTR-CAQ program required activities and courses for the entire duration of the time that the student is enrolled in the program. These activities are planned to minimize overlap with other classes and courses that the students have to participate in for the primary program

Program director (or representative) name: _____

Program director (or representative) signature: _____

Date: _____