

CLINICAL TRANSLATIONAL RESEARCH CERTIFICATE OF ADDED QUALIFICATION 2025 APPLICATION

Baylor
College of
Medicine

GRADUATE
SCHOOL OF
BIOMEDICAL
SCIENCES

Applications must be submitted by 5:00 pm on June 1, 2025.

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

Dyani Banda
CTR-CAQ Program Administrator
BCM Graduate School of Biomedical Sciences
Dyani.Banda@bcm.edu
BCMN-204S
713-798-6245

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 emphasis on the interest in translational research
- Explanation of why the student wants to participate in the CTR-CAQ program 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 from participation in clinical-translational research under their mentorship
- A statement of commitment by the mentor to participate in mentor training and activities related to the CTR-CAQ program

4. A biosketch in NIH format for the student.

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

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

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COVER PAGE

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

Student name: _____ Submission Date: _____

Graduate program: _____ Current year in program: 1st 2nd

T32 Training Grant Support:

Interested in and eligible for (US citizen or permanent resident) support by the program's T32 training grant: Yes No

Currently appointed on other training grant or fellowship:

Yes No If yes, when does that support end? _____

Student Attestation:

CTR-CAQ students must comply with the BCM Vaccine-Preventable Diseases policy. I, student, am aware and understand that I will train in a clinical environment as a part of program requirements. I understand that affiliated institutions such as hospitals or clinical affiliates may require proof of certain vaccinations prior to coming onsite. I understand and agree that declining to provide proof of vaccination to the hospital or clinical affiliate (or otherwise comply with an affiliate's policy) may preclude me from accessing and participating in educational activities at the affiliates. As a result, if I am unable or unwilling to comply with an affiliate's requirements, my ability to proceed with my CTR-CAQ education may be precluded.

Student signature: _____

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 known 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 student has to participate in for their primary graduate program.

Program Director name: _____ Date: _____

Program Director signature: _____