Clinical Scientist Training Program
Certificate of Added Qualification (CAQ) Program

Deadline: May 1, 2026

Name: _____ BCM ID#:_____
Last, First Middle

Date of Birth: _____ Place of Birth:_____
City State/Country

Sex: _____ Citizenship: _____ Visa Type: _____

Address: _____ Contact #: _____ Cell

_____ _____ Work

Email: _____ _____ Pager

Current Academic Appointment: _____

Department/Division: _____

Institution: _____ Year of fellowship completion: _____

Proposed Mentor: _____

Proposed Area of Research: _____

Departmental Commitment to Research and Salary Support: Yes ☐ No ☐

Combine ALL documents into a single PDF file in the order listed below and send the completed package to the CSTP program administrator, Dyani Banda at Dyani.Banda@bcm.edu.

1. This application form.
2. A summary of proposed research, written by the student and the mentor, including significance, hypothesis and experimental approach (1-3 pages)
3. A one-page personal statement describing research experience, research and career goals, and how this program will help in reaching these goals
4. Letter of support from mentor, describing mentor's active support for your project and committing to serve as a grant reviewer in a term 5 mock study section.
5. Letter of support from division chair OR section chief OR program director stating that you will have protected time to attend all classes and have time to conduct research (50 percent minimum recommended)
6. NIH-style biosketch of mentor
7. List of mentor's research trainees for the past 15 years. Exclude clinical trainees.
8. Your NIH-style biosketch