

Harvard Medical School

Scholars in Clinical Science Program

Application for Enrollment

I. Biographical Information:

Name: Telephone (no symbols or spaces):

Home

Work

Address

City State Zip Code

Country

Date of Birth: Place of Birth:

Citizenship: Social Security Number:
(no symbols or spaces)

Harvard ID No. Email Address:
if applicable:

Medical Licensure:
State, Date Issued

How did you hear about the SCSP?

II. Curriculum Vitae: Please email a copy of your curriculum vitae to SCSP@hms.harvard.edu. **Please note: Paper copies will not be accepted.**

III. College, Medical School and/or Graduate School:

List Degree, Name of School, Date of Completion

Degree:	<input type="text"/>	School:	<input type="text"/>	Date:	<input type="text"/>
Degree:	<input type="text"/>	School:	<input type="text"/>	Date:	<input type="text"/>
Degree:	<input type="text"/>	School:	<input type="text"/>	Date:	<input type="text"/>

IV. Post-Graduate Training:

List Inclusive Dates, Institution, Position

Dates:	<input type="text"/>	Institution:	<input type="text"/>	Position:	<input type="text"/>
Dates:	<input type="text"/>	Institution:	<input type="text"/>	Position:	<input type="text"/>
Dates:	<input type="text"/>	Institution:	<input type="text"/>	Position:	<input type="text"/>

V. Non-U.S. Citizens and/or Graduates of Foreign Medical Schools:

ECFMG Status:	<input type="text"/>	Applied for Exam:	<input type="text"/>	Passed Exam: Yes:	<input type="text"/>	No:	<input type="text"/>
Visa Status:	<input type="text"/>	Type:	<input type="text"/>	Date Activated:	<input type="text"/>		

VI. Prizes, Awards, Scholarships:

VII. References: Please have three (3) letters of reference emailed to SCSP@hms.harvard.edu. One of these letters should be from your mentor stating that you will have protected time to complete the Program. **Please note: Paper copies will not be accepted.**

1.	
2.	
3.	

Which of these three references is your mentor?

Name of your Division Chief and/or Department Chair:

VIII. Research Interests: Please indicate which area of investigation is of particular interest to you.

- Translational Research (Human Physiology/Pathophysiology)
- Translational Research (Human Genetics)
- Clinical Pharmacology
- Clinical Trials

IX. Statement of Intent: On separate pages, with your name at the top of each page, please provide the following information. Please email this file directly to SCSP@hms.harvard.edu. **Please note: Paper copies will not be accepted.**

Section A: Describe the general area of research in which you are interested and your reasons for choosing this area. Limit your response to 300 words.

Section B: Provide a general outline of the project(s) that you wish to complete during the tenure of your involvement in the Scholars in Clinical Science Program. Please provide as much detail as possible including hypothesis, methods and potential pitfalls. If you do not have a specific project, describe in general what your project(s) might be. Limit your response to 700 words.

Section C: If you have chosen a mentor, what were your reasons for doing so? Limit your response to 200 words.

Section D: Describe your short-term and long-term career goals. Limit your response to 300 words.

Section E: Explain why you believe the Scholars in Clinical Science Program will help you achieve these goals. Limit your response to 300 words.

X. Please email completed application and all other accompanying documents to: SCSP@hms.harvard.edu.

Please note: Paper copies will not be accepted

XI. Please mail an application fee of \$50 in the form of a check made payable to the Scholars in Clinical Science Program to:

**Sophia Reaud
Scholars in Clinical Science Program
Harvard Medical School
260 Longwood Avenue, Suite 157
Boston, MA 02115**

Signature and Date: Please sign below (if electronic signature is available) and indicate the date.

Harvard Medical School is an Equal Opportunity/Affirmative Action employer. The Scholars in Clinical Science Program ensures equal opportunity for all individuals without regard to race, color, gender, sexual orientation, religious affiliation, age, national origin, veteran status, or handicap. Female and Minority candidates are especially encouraged to apply.