

The Ohio State University Department of Surgery Training Grant in Tumor Immunology

ELIGIBILITY

- MD, PhD, MD/PhD, DVM, or DO pursuing post doctoral research fellowship
- US citizen or permanent resident (please include certified birth certificate or copy of alien registration card)
- Demonstrate commitment to transitional cancer research

AWARD

- Stipend commensurate with post-graduate experience
- Subsequent funding must be applied for annually

CRITERIA

- Completed application form
- Research proposal, consisting of the following:
 - Must be multidisciplinary and collaborative
 - Must be written by Candidate
 - Must be directly related to cancer
 - Two page essay describing the candidate's research goals and proposed research project (single spaced, 12 pt. Arial)

- Candidate's complete curriculum vitae
- Two letters of support on behalf of the candidate
- Preceptor's complete curriculum vitae

Please email application and required supporting items to:
Ruthann Norman
Ruthann.Norman@osumc.edu
(614) 688-4511

Applicant's Signature _____

Date _____

Printed Name _____

The Ohio State University Department of Surgery Training Grant in Tumor Immunology

APPLICANT INFORMATION

Last Name First Name MI

Date of Birth (MM/DD/YYYY) SSN

Permanent Mailing Address Office Address

Office Phone Number Email

Citizenship United States Other (please specify)

Permanent Number If graduate of foreign medical school, ECFMG Certificate Number

Are you licensed to practice medicine in the State of Ohio? Yes No

License Number Date of Licensure

Have you been under the care of a physician for any major illness during the past five years? Yes No *If yes, please attach explanation*

Have you ever been suspended, expelled, or resigned from any medical school or hospital appointment? Yes No *If yes, please attach explanation*

Have you received prior NRSA support (National Research Service Award, T32, or F32)? Yes No *If yes, type and grant number*

Do you have bench research experience? Yes No *If yes, number of years*

Education

Institution, Department, and Location	Attended From MM/YY to MM/YY	Degree(s) and MM/YY Received	Major Field	Minor Field

Pertinent Employment After College (include military service, internships, and residencies)

Name and Location (Most Recent)	Position/Title	Dates Worked (from MM/YY to MM/YY)

References (persons acquainted with your education and professional work - include the Dean of your medical or grad school)

Name	Relationship

The Ohio State University Department of Surgery Training Grant in Tumor Immunology

PRECEPTOR(S) INFORMATION

Name Email

Office Phone Number Administrative Contact (i.e. assistant)

Name Email

Office Phone Number Administrative Contact (i.e. assistant)

PROJECT INFORMATION

Title

Abstract