

Weill Cornell Medicine

Career Advancement for Research in Health Equity Program (CARE T37)

APPLICATION COVER PAGE and CHECKLIST for MINIMAL ELIGIBILITY CRITERIA

ALL FIELDS MUST BE COMPLETED – Incomplete forms will be returned.

Your preferred Prefix (Ms., Mrs., Mr., Mx):			
Full Name (as it appears government photo ID):			
Current Street Address (and Apt #):			
City, State, and Zip Code:			
Home City, State, and Zip Code (If living in campus/temporary housing during training):			
Email Address:			
Phone Number (please provide cell phone; not landline):			
eRA Commons ID (if you have received prior NRSA support):			
DEMOGRAPHICS FOR NIH PROGRAM REPORTING:		YES	NO
Ethnic Category: Do you identify as Hispanic or Latino?			
Racial Category: Please <u>select one</u> of the following categories to indicate the race you identify as?	SELECT ONE		
• American Indian/Alaska Native			
• Asian			
• Black or African American			
• Native Hawaiian or Other Pacific Islander			
• White			
• More Than One Race			
	YES	NO	
Do you self-identify as having a disability?			
Do you self-identify as coming from a disadvantaged background?			
ELIGIBILITY CRITERION	CHECK ONE		
Predocctoral trainees must be enrolled in a program leading to a PhD or in an equivalent health sciences research doctoral degree program. <i>*Medical students must have completed their first year of medical school.</i>	Medical School Student*	Terminal PhD Student in the Health Sciences	
Postdoctoral trainees must have received, as of the beginning date of the appointment, a Ph.D., M.D., D.D.S., or comparable doctoral degree from an accredited domestic or foreign institution.	Resident	Fellow	Post-Doc

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ELIGIBILITY CRITERION - <i>continued</i>	STATUS	
Current Citizen Status? <u>Select one:</u> 1) US Citizen or 2) Noncitizen national of the United States or 3) Lawfully admitted for permanent residence		Birth Country:
		Citizen of (Country):
		Month & Day of Birth (e.g. May 15):
Available to participate in summer didactic training? (July 1 – August 19)	YES	NO
Plan for research engagement at their institution for up to 6 to 12 months?	YES	NO
Available to participate full-time in this T37 program for a minimum of 10 consecutive weeks?	YES	NO
Please indicate your intended period of appointment (e.g. 06/12/2023 – 08/20/2023):	_____ to _____	
Under-represented Minority in Medicine (URiM) and/or Health Equity/Disparities Research focused	Check All That Apply	
	URiM	Health Equity Focus
Mentor Support	YES	NO
Mentor’s Name:		
Mentor’s Research Area:		