

Applicant's Name [printed]

Instructions: Please forward your completed Application for Institutional Career Development Award (attached) and a completed Proposal following the Instructions in the document entitled "*Proposal Guidance and Requirements*". This includes: Candidate Information and Goals for Career Development (2 pages); Research Strategy (5 pages); Mentor Commitment and Plans; Department Chair Approval; Regulatory Approvals (as applicable); and NIH Biosketches (Include (1) candidate biosketch as well as (2) primary mentor biosketch including other support). In addition, 3 Letters of Reference are required. Referees should submit letters directly to the Program Administrator via email (kl2njacts@rbhs.rutgers.edu) by application due date.

Full Applications (application form and proposal documents) are due **November 1, 2022 at 5 p.m.** for an award start date of **July 1, 2023**.

Full Applications must be submitted as a [single electronic PDF package](#) via email to:

Sally Radovick, M.D.
Director

ATTN: Tracey Sharp
Program Administrator

NJ ACTS
KL2 Career Development Program

Email: kl2njacts@rbhs.rutgers.edu

KEY DATES/DEADLINES:

Letter of Intent Due: [October 3, 2022 at 5 p.m.](#)
Full Applications Due: [November 1, 2022 at 5 p.m.](#)
Interviews: [December 2022/January 2023](#)
Notification of Awards: [February 1, 2023](#)
Award Start Date: [July 1, 2023](#)



New Jersey Alliance for Clinical and Translational Science

An NCATS-funded CTSA Hub: UL1 TR003017, KL2 TR003018, TL1 TR003019

<https://njacts.rbhs.rutgers.edu/>

<https://go.rutgers.edu/5z0t621f>

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Application for Institutional Career Development Award

Instructions: Complete all sections (please print or type all responses). If a section does not pertain to you, mark as N/A (not applicable). Do not leave any section blank nor make reference to an attached CV.

1. Name:

Last

First

Middle

2. Other Name Used:

Last

First

Middle

3. Current / Local Address (include street, city, state, and zip):

4. Current/Local/Mobile Telephone Number:

5. Permanent Address (include street, city, state, and zip):

6. Emergency Contact:

Name

Relationship

Mailing Address

Telephone Number

7. E-mail Address:

8. Citizenship: Are you a citizen of the United States: Yes No If no,
complete the following:

Citizenship

Visa Type

Entrance Date into U.S.

Length of Stay Valid to

Do you have INS Permission to work?

Yes

No

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9. Supplemental Biographical Information

Date of Birth:

Place of Birth:

Gender: Male Female

Self-Identification – Please select all choices that apply

Of Hispanic or Latino origin (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race).

Black or African American: A person having origins in any of the original groups of Africa.

American Indian or Alaskan native: Includes persons having origins in any of the original peoples of North America.

American and South American (including Central America), and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Economically disadvantaged (Combined parental income below USA poverty level).

Handicapped.

10. Current Position: Include Title, Institution

11. College(s) Attended:

Name(s) of School:

Mailing Address:

Month/Years Attended:

Degree(s) Conferred:

Grade Point Average:

(Use continuation sheet, if necessary)

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12. Graduate or Medical School(s) Attended:

Name(s) of School:

Mailing Address:

Month/Years Attended:

Degree(s) Conferred:

Grade Point Average:

USMLE Scores (if relevant):

(Use continuation sheet, if necessary)

13. Internship(s) and Residency (if relevant):

Name(s) of Program:

Mailing Address:

Month/Years:

(Use continuation sheet, if necessary)

14. Fellowship or other Post-graduate Education

Name(s) of Program:

Mailing Address:

Month/Years:

ABME Board Certification(s) and date(s):

15. Awards and Honors Received:

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16. Are you currently engaged in research? Chose all that apply:

Enrolling participants into clinical trials, being an active member of a multidisciplinary research team, participating in large-scale genotype/phenotype studies, etc.

If primary role is as a clinician: some effort (e.g.20%) in research or as a site PI for industry-sponsored clinical trials.

If primary role is in academia: PI, Co-PI or Co-I on a funded grant involving clinical and translational research.

If primary role is in academia and not actively funded, then actively involved in grant writing/re-submitting/reviewing (study section) in clinical and translational research.

If primary role is in industry: involved in directing clinical and translational research projects.

If primary role is in government: involved in conducting or managing clinical and translational research.

Other: Explain.

17. Languages Spoken:

18. Primary Mentor: Provide name, title, department, school and institution of your primary mentor, selected from the NJ ACTS Academy of Mentors.

Name:

Title:

Department:

School:

Institution:

19. Professional References: Names and addresses of three (3) references who have worked extensively with you or have been responsible for Professional observation of you. Do not list relatives by blood or marriage; persons who cannot attest to your current level of research competency, technical skill, and scientific knowledge.

Name

Mailing Address

Day-time Telephone

Email Address

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Name

Mailing Address

Day-time Telephone

Email Address

Name

Mailing Address

Day-time Telephone

Email address

Institutional Career Development Award

Statement of Applicant:

-- I fully understand that any significant misstatements in, or omissions from, this application may constitute cause for denial of appointment to or summary dismissal from, the Institutional Training Program for the Society of Scholars, RITMS.

-- All information submitted by me in this application is true to the best of my knowledge and belief.

-- I authorize RITMS and their representatives to consult with other institutions and organizations and their representatives and others, in regard to this application.

-- I release from liability RITMS, their representatives and agents for their actions or omissions performed in good faith and without malice in evaluating the application as well as those who provide information to RITMS in good faith and without malice, and I consent to the release of such information, including otherwise privileged or confidential information.

-- I consent to the release of information to other institutions and organizations and persons with a legitimate interest and agree to hold RITMS, their representatives and agents free of liability for their actions performed in good faith as a part of the quality assurance program, peer review, and research evaluation activities.

-- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, etc. I agree to furnish, upon request, an update on any information provided in this application.

A copy of the Statement of Applicant may be used as original.

Date: _____

Signature: _____

Printed Name: _____

The NJ ACTS does not discriminate on the basis of race, color, sex, religion, age, national or ethnic origin, sexual orientation, handicap, veteran status, or any other occupationally irrelevant criteria.