**DEPARTMENT OF VETERANS AFFAIRS**

**Veterans Health Administration**

**VISN 1 - VA New England Healthcare System**

**CAREER DEVELOPMENT AWARD**

**Applicant Information Form**

**Principal Investigator (Last name, first name)**

**Preferred Contact Information**

Email       Phone

**University/Institution**

**Degree (MD, PhD or equivalent)**

**Year Awarded**

**Applying as:**  Clinician  Non-clinician **US Citizen**:  Yes  No

**Academic Affiliation**

**Academic Rank**

**Proposed VA VISN 1 Facility**

**Proposed Primary Mentor**

**Type of Research**

Pre-clinical, basic science  Clinical  HSR&D

**Research Field** (ie clinical psychology, nephrology, immunology)

**All Affiliations of Applicant and Mentor Team**

**Have you previously submitted a Letter of Intent for the VISN 1 Career Development Award?**

Yes  No

**Project Title and 2-3 sentence description of proposed research**