

**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
VISN 1 - VA New England Healthcare System
CAREER DEVELOPMENT AWARD**

LETTER OF INTENT

Principal Investigator (Last name, first name)

Preferred Contact Information
Email _____ Phone _____

Degree (MD, PhD or equivalent)	University/Institution	Year Awarded
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Applying as: Clinician Non-clinician **US Citizen:** Yes No

Academic Affiliation

Academic Rank

Proposed VA VISN 1 Facility

Proposed Primary Mentor

Type of Research
<input type="checkbox"/> Pre-clinical, basic science <input type="checkbox"/> Clinical <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Project Title and 2-3 sentence description of proposed research
