## 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	
Degree (MD, PhD or equivalent) University/Institution	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 ☐ Yes ☐ No	Development Award?
Project Title and 2-3 sentence description of proposed research	1