

1. REVIEW DATE (Leave blank)	2. CAREER DEVELOPMENT NO. (Leave blank)	3. FACILITY NO.	4. SOCIAL SECURITY NO.	5. DATE OF LAST SUBMISSION - CD
---------------------------------	---	-----------------	------------------------	---------------------------------

6. LOCATION HEALTH CARE FACILITY

7. APPLICANT (Last Name, First Name, M.I.)	DEGREE(S)	TELEPHONE NO.
--	-----------	---------------

8. PROGRAM TITLE (72 characters maximum)

9. PRECEPTOR(S) NAME, VA TITLE AND ACADEMIC DEGREE

<p>10. PROGRAM LEVEL</p> <p><input type="checkbox"/> ASSOCIATE INVESTIGATOR</p> <p><input type="checkbox"/> RESEARCH ASSOCIATE</p> <p><input type="checkbox"/> CLINICAL INVESTIGATOR</p> <p><input type="checkbox"/> MEDICAL INVESTIGATOR</p> <p><input type="checkbox"/> SENIOR MEDICAL INVESTIGATOR</p>	<p>11. PROPOSED STARTING DATE:</p> <hr/> <p>12.</p> <p>A. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>B. STATE LICENSED IN _____</p> <p>D. SPECIALTY BOARD _____</p> <p>E. SUBSPECIALTY BOARD _____</p>
---	---

13. PRIMARY RESEARCH PROGRAM AREA	PRIMARY RESEARCH SPECIALTY AREA
-----------------------------------	---------------------------------

14. VA HOSPITAL SERVICE AND SECTION

15. ACADEMIC RANK, DEPARTMENT AND AFFILIATION

16. PROGRAM USE (Each item must have a response)

HUMAN SUBJECTS <input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATIONAL DRUGS <input type="checkbox"/> YES <input type="checkbox"/> NO	RADIOISOTOPES <input type="checkbox"/> YES <input type="checkbox"/> NO
ANIMAL SUBJECTS <input type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATIONAL DEVICES <input type="checkbox"/> YES <input type="checkbox"/> NO	BIOHAZARDS <input type="checkbox"/> YES <input type="checkbox"/> NO

RECOMMENDATION	PRIORITY SCORE	PRIORITY RANK	FUNDING START DATE
----------------	----------------	---------------	--------------------

MEDICAL RESEARCH SERVICE ACTION

NUMBER FUNDED	FUNDED <input type="checkbox"/>
	NOT FUNDED <input type="checkbox"/>
PRIORITY FUNDED	MERIT REVIEW BOARD REVIEW _____

SIGNATURE OF APPLICANT	DATE
------------------------	------

SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT	DATE
---	------