**ATSU-Still Research Institute**

**Clinician Researcher Development Program**

Application Guidelines:

The A.T. Still Research Institute’s Clinician Researcher Development Program has two research tracks: one during the Summer and the other during the Academic year. While there is a rolling application process, the deadlines that applications must be submitted are as follows:

* Completed applications received by March 1 are selected for the following Academic Year Clinician Researcher Development Program
* Completed applications received by November 1 are selected for the following Summer Clinician Researcher Development Program

Both tracks are geared toward research experiences equivalent to approximately 200 hours, but the schedule can be set individually with the overseeing supervisor.

To be considered for this program, prior research experience is not required. However, applicants must possess or meet the following criteria to be eligible:

* Demonstrated maturity
* Community service and/or leadership experience
* Excellent computer systems skills
* Excellent communication skills (oral, written, and technological)
* Excellent work ethic
* Strong interest in science and the scientific method as a basis for critical thinking
* Strong academic record

**Application Process:**

To apply for the clinical or biomedical research intern position, applicants must submit the following materials:

* Completed application (attached to this document)
* Letter of intent that addresses the following:
  + Reasons for interest in gaining experience through this internship
  + Academic/professional goals
  + Personal interest in clinical and/or biomedical research
* Up-to-Date Resume
* Two letters of recommendation. At least one letter must be from a faculty member who can speak to your academic ability. The second letter may be from another faculty member, employer, or organization that you work with for community service or leadership experience.
* Up-to-date Transcript showing most recent courses taken

**Program Term Requested: Summer**  **Academic Year**

**Name**  \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle

**College Address** \_\_\_\_\_\_\_\_

Street Address City State Zip Code

**College Telephone** ( ) - **Email Address**

**Permanent Address**

Street Address City State Zip Code

**Cell Phone** ( ) -  **Other Phone** ( ) - home work other

**Gender** Male  Female  **Birth Date** \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (Month/Date/Year)

**Cumulative University Grade Point Average**

**U.S. Citizen** Yes  No  **Permanent U.S. Resident?** Yes  No

**Were you ever the recipient of any action for unacceptable academic performance (including but not limited to academic probation or academic warning)?**

**Yes  No**

**If yes, please explain:**

**Were you ever the recipient of any action for conduct violations by any college or school?**

**Yes  No**

**If yes, please explain:**

**Are there any disciplinary charges pending or expected to be brought against you?**

**Yes  No**

**If yes, please explain:**

**Community Service & Leadership Activities (Positions held, and length of time)**

**Research/Lab Related Activities & Experiences (Positions held, and length of time)**

**Employment Experience (Positions held, and length of time)**

**Why are you applying to the ATSU Still Research Institute Internship Program?**

**Applicant Signature Date**

**Notice of Nondiscrimination**

*A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or disability in admission or access to, or treatment or employment in its programs and activities.  Any person with questions concerning ATSU’s nondiscrimination policies is directed to contact the Vice President of Student and Alumni Affairs at 660-626-2236 or the Director of Human Resources at 660-626-2790*

**Deadlines for Applications**

* November 1 for Summer Clinician Researcher Development Program
* March 1 for Academic Year Clinician Researcher Development Program (begins in Fall semester)

**Please attach letter of intent, current resume, academic transcript, completed application form, evaluation information form, and mail by one of the above deadlines to**:

Brian Degenhardt, D.O.

Director, Still Research Institute

c/o Charity Thomann, Research, Grants, and Information Systems

800 W. Jefferson St.

Kirksville, MO 63501

**Evaluation Information**

**To be completed by student and submitted with application**

#### **Evaluation I**

Advisor in Major Field

**Name**

**Title**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address** Street

City State Zip Code

**Telephone** ( ) -

# Evaluation II

Life/Physical Science Professor, Employer, or Community Service Organization Advisor

**Name**

**Title**

**Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address** Street

City State Zip Code

**Telephone** ( ) -

**Deadlines for Applications**

* November 1 for Summer Clinician Researcher Development Program
* March 1 for Academic Year Clinician Researcher Development Program (begins in Fall semester)

**Please ask evaluators to mail completed evaluation forms by above deadlines to**:

Brian Degenhardt, D.O.

Director, Still Research Institute

c/o Charity Thomann, Research, Grants, and Information Systems

800 W. Jefferson St.

Kirksville, MO 63501 **Evaluation I**

**Advisor in Major Field**

Please attach letter on official letterhead. This form can be used as a reference.

1. **APPLICANT INFORMATION (to be completed by applicant)**

Legal Name of Applicant

Last First Middle

Social Security Number

Permanent Address

Please Either Sign Box #1 or #2:

|  |  |
| --- | --- |
| 1. I voluntarily waive and relinquish my right of access to this evaluation. | 1. I retain my right of access to this evaluation. |
| Applicant’s Signature Date | Applicant’s Signature Date |

1. **EVALUATOR INFORMATION (to be completed by evaluator)**

Name

Rank or Title

Address City State Zip

Telephone Evaluator Signature

1. **EVALUATOR COMMENTS (to be completed by evaluator)**

State nature, duration, and extent of your association with the applicant

Has applicant ever been placed on disciplinary or academic probation? Yes No

Are you familiar with how the applicant reacts in a stressful or crisis situation? Yes No

If yes, explain:

What unique strengths and/or potential for clinical or biomedical research does this applicant possess?

Please describe this applicant’s work ethic.

Please describe any weaknesses of this applicant.

Please give your overall impression of this applicant.

Please check how you would rate this applicant on the following characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHARACTERISTIC** | **OUTSTANDING** | **ABOVE**  **AVERAGE** | **AVERAGE** | **BELOW**  **AVERAGE** | **UNABLE TO**  **JUDGE** |
| Cooperation |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Study Habits |  |  |  |  |  |
| Intellectual Curiosity |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |
| Judgment |  |  |  |  |  |
| Expression |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Personality |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Personal Hygiene |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |
| Ethical Standards |  |  |  |  |  |
| Self-Understanding |  |  |  |  |  |
| Attitude Toward Associates |  |  |  |  |  |
| Ability to Inspire Confidence |  |  |  |  |  |

Do you recommend this applicant to the Clinician Researcher Development Program? Yes  No  Undecided

Why or why not?

**Deadlines for Applications**

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Director, Still Research Institute

c/o Charity Thomann, Research, Grants, and Information Systems

800 W. Jefferson St.

Kirksville, MO 63501

# Evaluation II

**Life/Physical Science Professor, Employer, or Community Service Organization Advisor**

Please attach letter on official letterhead. This form can be used as a reference.

1. **APPLICANT INFORMATION (to be completed by applicant)**

Legal Name of Applicant

Last First Middle

Social Security Number

Permanent Address

Please Either Sign Box #1 or #2:

|  |  |
| --- | --- |
| 1. I voluntarily waive and relinquish my right of access to this evaluation. | 1. I retain my right of access to this evaluation. |
| Applicant’s Signature Date | Applicant’s Signature Date |

1. **EVALUATOR INFORMATION (to be completed by evaluator)**

Name

Rank or Title

Address City State Zip

Telephone Evaluator Signature

1. **EVALUATOR COMMENTS (to be completed by evaluator)**

State nature, duration, and extent of your association with the applicant

Has applicant ever been placed on disciplinary or academic probation?  Yes  No

Are you familiar with how the applicant reacts in a stressful or crisis situation?  Yes  No

If yes, explain:

What unique strengths and/or potential for clinical or biomedical research does this applicant possess?

Please describe this applicant’s work ethic.

Please describe any weaknesses of this applicant.

Please give your overall impression of this applicant.

Please check how you would rate this applicant on the following characteristics:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CHARACTERISTIC** | **OUTSTANDING** | **ABOVE**  **AVERAGE** | **AVERAGE** | **BELOW**  **AVERAGE** | **UNABLE TO**  **JUDGE** |
| Cooperation |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Study Habits |  |  |  |  |  |
| Intellectual Curiosity |  |  |  |  |  |
| Intellectual Ability |  |  |  |  |  |
| Judgment |  |  |  |  |  |
| Expression |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Personality |  |  |  |  |  |
| Reliability |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Personal Hygiene |  |  |  |  |  |
| Emotional Stability |  |  |  |  |  |
| Ethical Standards |  |  |  |  |  |
| Self-Understanding |  |  |  |  |  |
| Attitude Toward Associates |  |  |  |  |  |
| Ability to Inspire Confidence |  |  |  |  |  |

Do you recommend this applicant to the Clinician Researcher Development Program? Yes  No  Undecided

Why or why not?

**Deadlines for Applications**

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