

Research Topics and Areas of Interest

Research investigators are asked to annually enter or verify the following information to aid in assessing facility research strengths and collaborative opportunities within the facility and across VISN23.

Name: <i>Last</i>	<i>First</i>	<i>MI</i>	<i>Title</i>
VA email:		Other contact email:	
VA Facility:			

Status:	If non-clinician, have you ever applied for VA eligibility?
<input type="checkbox"/> Clinician <i>(e.g. physician, clinical psychologist)</i>	<input type="checkbox"/> Yes <i>(Previously applied for nonclinician eligibility for BBMH, MED, etc.)</i>
<input type="checkbox"/> Non-clinician <i>(e.g. non-clinical PhD or other terminal degree)</i>	<input type="checkbox"/> No <i>(Have never applied for VA nonclinician eligibility)</i>

Career Stage:		
<input type="checkbox"/> Early Career <i>(e.g. Assistant Professor, Career Development Award, Training grant, Postdoctoral)</i>	<input type="checkbox"/> Mid-Career <i>(e.g. Associate Professor)</i>	<input type="checkbox"/> Senior Investigator <i>(e.g. Professor, Career Research Scientist, Senior Career Research Scientist)</i>

Type of research: <i>(Check all that apply)</i>			
<input type="checkbox"/> Clinical <i>(e.g. interventional drug studies, clinical trials, device trials)</i>	<input type="checkbox"/> Basic Science <i>(e.g. preclinical models, in vitro studies, bench research, etc.)</i>	<input type="checkbox"/> Rehabilitation <i>(e.g. functional recovery, biomechanical, prosthetics, etc.)</i>	<input type="checkbox"/> Health Services <i>(e.g. outcomes research, quality and/or cost of care studies)</i>

Have you previously received funding as a PI?			
<input type="checkbox"/> Never Applied	<input type="checkbox"/> Applied, Never Funded	<input type="checkbox"/> Previously Funded	<input type="checkbox"/> Currently Funded

If currently/previously funded as a PI, indicate funding source(s): <i>(Check all that apply)</i>			
<input type="checkbox"/> VA BBMH	<input type="checkbox"/> VA MED	<input type="checkbox"/> VA RDT	<input type="checkbox"/> VA HSR
<input type="checkbox"/> Other VA <i>(CSP, MVP...)</i>	<input type="checkbox"/> NIH	<input type="checkbox"/> DoD / CDMRP	<input type="checkbox"/> Other Federal
<input type="checkbox"/> State/Local Govt.	<input type="checkbox"/> University	<input type="checkbox"/> Private Industry	<input type="checkbox"/> Foundation

Mark all for which you have served on study section:	Indicate if current or former recipient of a mentored award:
<input type="checkbox"/> VA <input type="checkbox"/> NIH <input type="checkbox"/> DoD	<input type="checkbox"/> VA CDA 1/2 <input type="checkbox"/> NIH K award <input type="checkbox"/> Other

VA Research Topic 1: <i>(select from list)</i>

VA Research Topic 2: <i>(select from list)</i>

Keywords for other research interests (MeSH terms preferred) :

Return completed form via email to _____ (or use SUBMIT button in Adobe Acrobat)