



1. REVIEW DATE (Leave blank)	2. CAREER DEVELOPMENT NO. (leave blank)	3. FACILITY NO.	4. SOCIAL SECURITY NUMBER	5. DATE OF LAST SUBMISSION - CD
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6. LOCATION HEALTH CARE FACILITY

7. APPLICANT (Last Name, First Name, M.I.)	DEGREE	TELEPHONE NO.
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8. PROGRAM TITLE (72 characters maximum)

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

10. PROGRAM LEVEL  <input type="checkbox"/> RCD - Research Career Development <input type="checkbox"/> ARCD - Advanced Research Career Development <input type="checkbox"/> CDEA - Career Development Enhancement	11. PROPOSED STARTING DATE
	12. A. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO B. STATE LICENSED IN _____ C. SPECIALITY BOARD _____ D. SUBSPECIALTY BOARD _____

13. PRIMARY RESEARCH PROGRAM AREA	PRIMARY RESEARCH SPECIALTY AREA
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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
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**MEDICAL RESEARCH SERVICE ACTION**

NUMBER FUNDED \_\_\_\_\_ FUNDED

PRIORITY FUNDED \_\_\_\_\_ NOT FUNDED

MERIT REVIEW BOARD REVIEW \_\_\_\_\_

SIGNATURE APPLICANT	DATE
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SIGNATURE ACOS FOR RESEARCH AND DEVELOPMENT	DATE
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DO NOT WRITE IN THESE SPACES

SUMMARY DESCRIPTION OF PROGRAM

APPLICANT

TITLE OF PROGRAM/PROJECT

KEY WORDS (*NEST terms only; three minimum*)

BRIEF STATEMENT OF RESEARCH OBJECTIVES (*Do not use continuation sheet*)