



Clinical Research Training Program
Duke University School of Medicine

Clinical Research Training Program

Duke University
School of Medicine
Clinical Research Training Program

Admission Information

Personal Data

Contact Information

Educational Background

Professional Experience

Work Experience

Recommendations

Honor Pledge

Important Links

Downloadable Forms

Check Your Application

Application Instructions

PRINT FORMS

Welcome, Rita ! Your application is in progress.

Thank you for your interest in the Clinical Research Training Program/NIH – Duke Training Program in Clinical Research (CRTP/ NIH Duke TPCR). The application must be completed online and submitted electronically once you have answered all required questions. You do not have to complete the online application in one sitting—you may access your application and change your answers as many times as you like with your PIN and password from any computer with Internet access. To navigate through the system, please use the navigational links located on the left of your screen.

All persons who wish to take courses in the Clinical Research Training Program/ NIH – Duke Training Program in Clinical Research (CRTP/ NIH Duke TPCR) even on a non-degree basis, must apply and be admitted to the program. An advanced degree in a clinical health science (or two years of medical school) from an accredited institution is a prerequisite for admission either as a degree candidate or as a non-degree student. This program is available only to medical students, fellows and faculty of Duke, NIH and the Brazilian Clinical Research Institute.

Once you have completed the application forms to your satisfaction, you should submit your application by clicking the "Submit" button at the top of the page. This will take you through the steps to electronically submit your application to our office. Please note that you can submit your application only once, and that once submitted, you will not be able to make changes to your application information using the online application system.

NIH-Duke Training Program in Clinical Research applications for Fall 2016 must be submitted by **April 15, 2016** to be considered for priority review. **Duke Clinical Research Training Program** applications must be submitted by **May 15, 2016** to be considered for priority review. Applications submitted after the relevant deadline has passed will be considered on a space available basis.

Form Approved
OMB Number 0925-0698
Exp. Date 5/31/2017

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0698). Do not return the completed form to this address.

★ START APPLICATION

i APPLICATION INSTRUCTIONS

Submit Application

Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background
- Professional Experience
- Work Experience
- Recommendations
- Honor Pledge

Important Links

- Downloadable Forms
- Check Your Application
- Application Instructions

PRINT FORMS

Submit Application

Save Save & Continue

Admission Information

Questions marked with an asterisk (*) are required and must be answered.

Admission Information

All persons wishing to take courses in the Clinical Research Training Program, even on a non-degree basis, must be admitted to the program. An advanced degree in a clinical health science (or two years of medical school) from an accredited institution is a prerequisite for admission either as a degree candidate or as a non-degree student.

This program is only available to medical students, fellows and faculty of Duke, NIH and the Brazilian Clinical Research Institute.

Application for* Fall 2017

Degree Status* -- Please Select --

Affiliation* -- Please Select --

Department / Institute or Center*

Division / Lab / Branch

Current Role* -- Please select --

If Other, please describe role

Save Save & Continue Reset

Submit Application



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

Admission Information

Personal Data

Contact Information

Educational Background

Professional Experience

Work Experience

Recommendations

Honor Pledge

Important Links

Downloadable Forms

Check Your Application

Application Instructions

PRINT FORMS

Submit Application

Save Save & Continue

Personal Data

Required fields are marked with an asterisk (*).

First/Given Name *

Middle Name

Please include your middle name to expedite the application process.

Last or Family Name *

Preferred Name

Other last or family names under which academic records may be listed

Gender* Female Male

Date of Birth *

Place of Birth *

City *

State

Country *

Country of citizenship *

Country

Are you a permanent resident of the U.S.?

Yes No Not Applicable for US Citizens or BCRI Applicants

If you are not an American citizen or permanent resident, do you currently hold a U.S. visa?

Yes No

If you are not an American citizen or permanent resident and currently hold a U.S. visa, what visa type do you currently hold?

if Other, please specify

Is English your native language?*

Yes No

If English is not your native language, have you received a degree from an English Speaking institution?

Yes No

if Other, please specify

Is English your native language?*

Yes No

If English is not your native language, have you received a degree from an English Speaking institution?

Yes No

In order to meet Federal requirements on the collection and reporting of race/ethnicity, please answer the following:

Are you Hispanic or Latino? Yes No

Please choose the response that best describes the way you identify yourself:

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Not Specified
- Native Hawaiian/Other Pacific Island

- Clinical Research Training Program
- Duke University School of Medicine Clinical Research Training Program
- Admission Information
- Personal Data
- Contact Information**
- Educational Background
- Professional Experience
- Work Experience
- Recommendations
- Honor Pledge
- Important Links
 - Downloadable Forms
 - Check Your Application
 - Application Instructions
 - PRINT FORMS**

Submit Application

Save Save & Continue

Contact Information

Required fields are marked with an asterisk (*)

Work email *

Alternative email (e.g. Gmail, AOL, Yahoo) *

Mailing Address *

Number and Street/Apartment

Address Line 2

Address line 3

City *

State

Postal Code

Country *

Home or Cell Telephone *

Country Code (if non U.S. number)

PRINT FORMS

-- Please Select --

State

Postal Code

-- Please Select --

Country *

Home or Cell Telephone *

Country Code (If non U.S. number)

Area Code & Phone Number *

####

Work Telephone

Country Code (If non U.S. number)

Area Code & Phone Number

####

Extension

Save **Save & Continue** **Reset**

Submit Application



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background**
- Professional Experience
- Work Experience
- Recommendations
- Honor Pledge

Important Links

- Downloadable Forms
- Check Your Application
- Application Instructions

PRINT FORMS

Submit Application

Save Save & Continue

Educational Background

Required fields are marked with an asterisk (*).

College University 1

College/University

College Code *

Please use the Look Up function to find your school code. You must have a code to submit your application.

Name of Institution *

City *

State

Postal Code

College University 2

College/University

College Code

Look up

Please use the Look Up function to find your school code. You must have a code to submit your application.

Name of Institution

City

State

Postal Code

Country

Level of Study

--Select One--

Degree Earned

-- Please Select --

Other Degree



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background

Professional Experience

- Work Experience
- Recommendations
- Honor Pledge

Important Links

- Downloadable Forms
- Check Your Application
- Application Instructions

PRINT FORMS

Submit Application

Save Save & Continue

Professional Experience

Questions marked with an asterisk (*) are required and must be answered.

Curriculum Vitae/Resume

Please attach your resume / curriculum vita* **Upload Document** e.g. .doc, .pdf, .txt, .xls [More](#)

Honors and Awards

Please attach a list of honors, distinctions, prizes or scholarships received. Indicate the year in which the honor or award was received, and the awarding institution or organization.

Upload Document e.g. .doc, .pdf, .txt, .xls [More](#)

Published Papers

If you have published papers, list up to three (Journal, page numbers and year)

Upload Document e.g. .doc, .pdf, .txt, .xls [More](#)

Specialty Boards

PRINT FORMS

Specialty Boards

Do you have Specialty Boards? Yes No

If yes Specialty :

Residency or Fellowship

Institution

City
State
Postal Code
Country
Field
Date
From (MM/YYYY) To (MM/YYYY)

Residency or Fellowship

Institution

City

From (MM/YYYY) To (MM/YYYY)

Residency or Fellowship

Institution

City

State

Postal Code

Country

Field

Date

From (MM/YYYY) To (MM/YYYY)

Save Save & Continue Reset

Submit Application



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background
- Professional Experience

Work Experience

- Recommendations
- Honor Pledge

Important Links

- Downloadable Forms
- Check Your Application
- Application Instructions

PRINT FORMS

Submit Application

Save

Save & Continue

Work Experience

Required fields are marked with an asterisk (*).

Job 1

Employer	<input type="text"/>
Employer Location	<input type="text"/>
City	<input type="text" value="-- Please Select --"/>
State	<input type="text"/>
Postal Code	<input type="text"/>
Country	<input type="text"/>
Job Title/Type of Work	<input type="text"/>
Start Date	<input type="text"/>
End Date	<input type="text"/>

Job 2

Employer

Employer Location

City

State

Postal Code

Country

Job Title/Type of Work

Start Date

End Date

Job 3

Employer

Employer Location

City

State

Employer	<input type="text"/>
Employer Location	<input type="text"/>
City	<input type="text" value="-- Please Select --"/>
State	<input type="text"/>
Postal Code	<input type="text" value="-- Please Select --"/>
Country	<input type="text"/>
Job Title/Type of Work	<input type="text"/>
Start Date	<input type="text"/>
End Date	<input type="text"/>

MM/YYYY
MM/YYYY

Save **Save & Continue** **Reset**

Submit Application



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background
- Professional Experience
- Work Experience
- Recommendations**
- Honor Pledge
- Important Links

- Downloadable Forms
- Check Your Application
- Application Instructions

PRINT FORMS

Submit Application

Save Save & Continue

Recommendations

Required fields are marked with an asterisk (*).

One letter of recommendation is required in support of your application to the CRTP / NIH-DukeTPCR.

Please request a letter of recommendation from persons such as potential mentors, who are qualified to testify to your capacity for graduate work. A candid statement regarding your accomplishments, abilities, character and capacity for success as a candidate for admission is requested from the evaluator. It is helpful to include how long and in what connection the evaluator has known you. After you have filled out this form, please download the evaluation form from the 'Downloadable form' section on the left side of this page and email it to the person you have chosen to recommend you.

References may email the recommendation to: CRTP@mc.duke.edu.

Mall letters to:

If using the United States Postal Service, please mail application materials to:

CRTP / NIH-DukeTPCR
Department of Biostatistics and Bioinformatics
DUMC Box 2734
Durham, NC 27710

If using FedEx, UPS, DHL, or any other courier service that will not deliver to a P.O. Box, please mail Application Materials to:

CRTP / NIH-DukeTPCR
Department of Biostatistics and Bioinformatics
Hock Plaza, Suite G06 Room 035
2424 Erwin Road
Durham, NC 27705-3860

You may send the letter from your recommender, provided that the envelope remains unopened and the letter of recommendation has not been viewed by you.

References may e-mail letters of recommendation to: CRTP@mc.duke.edu. Please note that e-mailed letters of recommendation must be printed on official letterhead and submitted from non-personal e-mail accounts (academic, professional). Letters of recommendation submitted without letterhead or from personal e-mail accounts (G-Mail, Yahoo, etc.) will not be accepted.

Reference 1*

*First and Last Name**

*Title**

*Institution/Organization**

*E-mail Address**

*Relation to Applicant**

Optional Reference 2

First and Last Name

Title

Institution/Organization

E-mail Address

Relation to Applicant

Institution/Organization

E-mail Address

Relation to Applicant

Optional Reference 3

First and Last Name

Title

Institution/Organization

E-mail Address

Relation to Applicant

Save **Save & Continue** **Reset**

Submit Application



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background
- Professional Experience
- Work Experience
- Recommendations

Honor Pledge

Important Links

- Downloadable Forms
- Check Your Application
- Application Instructions

PRINT FORMS

Submit Application

Save Save & Continue

Honor Pledge

Required fields are marked with an asterisk (*).

I certify that the information contained in this application, in the essay questions, and in the supporting documents is complete and accurate. I understand that submission of incomplete or inaccurate information may be sufficient cause for denial of admission or termination of enrollment. I further authorize Duke University to contact references, employers, or institutions attended to obtain any information related to this application for graduate study.

Applicant Signature* MM/DD/YYYY*

Save Save & Continue Reset

Submit Application



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background
- Professional Experience
- Work Experience
- Recommendations
- Honor Pledge

Important Links

Downloadable Forms

[Check Your Application](#)

Application Instructions

PRINT FORMS

The following required questions have not been completed. Please note that this list refers only to the minimum number of questions required by the system before submission is allowed. There may be many other questions on the form that should also be answered; thus, please be sure you have fully responded to both required and relevant non-required items before you submit your Application.

SECTION NAME	QUESTION NAME
Admission Information	Application for*
Admission Information	Affiliation*
Admission Information	Current Role*
Admission Information	Degree Status*
Admission Information	Department / Institute or Center*
Personal Data	Birth Country
Personal Data	Country of citizenship *
Personal Data	Date of Birth *
Personal Data	First/Given Name *
Personal Data	Gender*
Personal Data	Is English your native language? *
Personal Data	Last or Family Name *
Personal Data	Place of Birth *
Contact Information	Alternative email (e.g. Gmail, AOL, Yahoo) *
Contact Information	City*



Clinical Research Training Program

Duke University School of Medicine Clinical Research Training Program

- Admission Information
- Personal Data
- Contact Information
- Educational Background
- Professional Experience
- Work Experience
- Recommendations
- Honor Pledge

Important Links

- Downloadable Forms
- [Check Your Application](#)

Application Instructions

PRINT FORMS

Helpful Hints - ApplyYourself Navigation Overview

Helpful Hints - ApplyYourself Navigation Overview

You may navigate between sections by using the navigation toolbar provided on the left of each screen. Click on a link to access that section of the online application. After you have familiarized yourself with the navigation toolbar and read the system instructions on the main menu page of the application, it is recommended that you complete the application following the order below.

1. Online Application: Complete the online application forms. Make sure to complete each section of the online application and save your work often. You do not have to complete the online application in one sitting or from one computer. You may access the application as many times as you like with your PIN and password from any computer with Internet access.
2. Check Online Application: Use the "Check Online Application" tool to verify the completeness of your application before it is submitted. If all required fields are not complete, the system will identify which questions still need answers. Please note that this section refers only to the minimum number of questions required by the system before submission is allowed. There may be many other questions on the form that should also be answered, thus, please be sure you have fully responded to both required and relevant non-required items before you submit your application.
3. Submit: After you check your application for completeness, you may begin the submission process by clicking on the "Submit Application" button at the top of the page. You will then be asked to confirm your decision to submit the application, and digitally sign your application before submitting. Once processed, you will receive a confirmation message to verify successful submission. Please note that submission is a multi-step process and that you will be given the opportunity to print your application in PDF format in the first step. Some applications do not provide a PDF version of the application, in which case, you can view your application in HTML format before submission.
4. Logout: To help ensure the security of your application, you must logout of the online application once your work is complete. It is also highly recommended that you close your browser after logging out.