

Submission Form

OMB No. 0925-0766
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Public reporting burden for this collection of information is estimated to average 10 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 (0925-0766). Do not return the completed form to this address.

Deadline for submissions is Thursday, September 2, 2021. An asterisk (*) indicates required information.

First Name*

Last Name*

Title*

Institution*

Doctoral degrees (PhD, ScD, MD, DrPH, PharmD, MBBS, DNSc, etc.)*

Address*

City*

State/Province/Region*

Zip/Postal Code*

Country*

Phone*

Email*

Race (check as many as apply)*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Ethnicity (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)*

Hispanic or Latino

Not Hispanic or Latino

Prefer not to answer

Gender*

Female

Male

Prefer not to answer

Investigator Level*

Field of Expertise (e.g. obesity, palliative care, cancer care delivery)*

Are you engaged with a CCIS action group? If Yes, please indicate.*

Yes

No

CCIS action group affiliation (check all that apply)*

Community Participation in Implementation Science

Context and Equity in Implementation Science

Learning Healthcare Systems as Natural Laboratories

Implementation of Complex/Multilevel Interventions

Implementation Science in Global Health

Implementation Science Study Design

Policy and Implementation Science

Technology and Health Communication in Implementation Science

Are you a U.S. citizen?*

Yes

No

Are you new to the field of implementation science?*

Yes

No

Are you a federal employee?*

Yes

No

Supporting Documents

Please be sure to *name all your files* with your last name followed by an underscore and the type of document (e.g., *YourLastName_ProjectProposal, etc.*) All documents must be either MS Word or Adobe PDF files and should not exceed 1 MB in file size.

Project Proposal To Upload*

No file chosen

Personal Statement To Upload*

No file chosen

Curriculum Vitae To Upload*

No file chosen

Budget Proposal To Upload*

No file chosen