



Clinical Addiction Research and Education (CARE) Program
14th Annual Chief Resident Immersion Training (CRIT) Program
Chief Resident Application
Addiction Medicine: Improving Clinical and Teaching Skills for Generalists
May 3-6, 2015 • Cape Cod, Massachusetts

Please submit the following items in addition to this completed application:

1. A curriculum vitae (CV)
2. A personal statement of up to 300 words describing your motivation and goals for participation in the CRIT Program, and the percentage of time teaching during your Chief Residency. Relate your interest in addiction medicine to your previous training, upcoming Chief Residency, your career aspirations, and how you will apply the knowledge gained at the CRIT Program.
3. A letter of nomination from your Residency Program Director, detailing the percentage of time in chief residency dedicated to teaching.
4. A letter of support from faculty member (mentor) who will support your integration of addiction medicine into the curriculum at your institution. *If your Residency Program Director is also your mentor, please have this stated in just one letter.* **Note:** If your Faculty Mentor is also applying to the training, his/her online application (which includes a statement of support) will serve as this letter.

Application materials will be accepted until February 6, 2015.

You must be selected as an incoming Chief Resident for your residency program at the time this application is submitted.

This application is also available electronically and can be submitted online at: www.bumc.bu.edu/crit

Please Print Clearly

Last Name	First	Preferred First Name/Nickname
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Contact Information

• Personal

Street	City	State	Zip Code	Preferred Phone #
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Sex: ___ Female ___ Male Ethnicity: _____ Date of Birth (MM/DD/YY): ___/___/___

• Residency Program Address

Institution	Department/Section
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Street	Floor/Room#	City	State	Zip Code
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Preferred Email Address	Office Telephone #	Mobile Phone #
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Is a faculty mentor applying to attend CRIT with you? ☐ No ☐ Yes (Name: _____)

Your medical specialty/subspecialty: _____

Total # of residents in your residency program: _____ Total # Chief Residents in your residency program: _____

Program Director Name: _____ Program Director Email: _____

Approximate percent of time spent teaching during your Chief Residency _____ %

Residency program medical school affiliation: _____ ☐ None

What are your plans upon completion of your Chief Residency? (check all that apply)

<input type="checkbox"/> Fellowship in _____	<input type="checkbox"/> Academic Medical Center Practice
<input type="checkbox"/> Clinician Educator	<input type="checkbox"/> Private Practice
<input type="checkbox"/> Research	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Full-time Clinical Practice	

How did you hear about the CRIT Program? _____

PLEASE NOTE: The CRIT Program is funded by a grant from the National Institute on Drug Abuse (NIDA). You will be asked to complete several surveys, which we will send to you. Your survey will not be available to program applicant reviewers and will not influence whether or not you are accepted. *Your application will not be considered complete until you have returned the pre-course survey that will be sent to you after receipt of your application materials.*

Submit all application materials to: Danna Gobel, Program Manager

801 Massachusetts Ave, 2nd Floor, Boston, MA 02118

danna.gobel@bmc.org • Phone: (617) 414-6946 • Fax: (617) 414-4676