



Clinical Addiction Research and Education (CARE) Program
3rd Annual Fellow Immersion Training (FIT) Program •
Fellow Application
Addiction Medicine: Research Training for Clinical Fellows
April 27-30, 2014 • Cape Cod, Massachusetts

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

1. Your *curriculum vitae* (CV)
2. A personal statement of up to 300 words describing your motivation and goals for participation in the FIT Program, and the percentage of time expected to be devoted to clinical research during your Fellowship. Relate your interest in addiction medicine and research to your previous training, Fellowship plans, your career aspirations, and how you will apply the knowledge gained at the FIT Program.
3. A letter of nomination from your Fellowship Program Director, detailing *the percentage of time* in fellowship dedicated to research.
4. A letter of support from a mentor: a faculty member who will assist in incorporating addiction issues into clinical research. **Note:** If your Fellowship Program Director is also your mentor, please have this stated in just one letter.
5. Please include a description of up to 300 words describing a research project idea that incorporates addiction medicine and that you could undertake during your fellowship. This description should include the project idea's aims, research question, methods and potential implications.

Application materials will be accepted until February 7, 2014.

You must have a position as an incoming or current Fellow at the time this application is submitted.
This application is also available electronically and can be submitted online at: www.bumc.bu.edu/fit

Please Print Clearly

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Last Name	First	Preferred First Name/Nickname

Contact Information

• Personal

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Street	City	State	Zip Code	Phone #

Gender: _____ Race/Ethnicity: _____ Date of Birth (MM/DD/YY): ____/____/____

• Institution

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Institution	Department/Section

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Street	Floor/Room#	City	State	Zip Code

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Office Telephone #	Alternate Telephone #

Fellowship training program: _____ Fellowship Program Director: _____

Fellowship medical school affiliation: _____ ☐ None

What are your plans upon completion of your Fellowship? (*check all that apply*)

___ Clinician Educator	___ Academic Medical Center Practice
___ Research	___ Private Practice
___ Full-time Clinical Practice	___ Other _____

How did you hear about the FIT Program? _____

PLEASE NOTE: The FIT 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