Boston University Clinical HIV/AIDS Research Training (BU-CHART) Program
Funded by Grant # T32AI052074

The Boston University Clinical HIV/AIDS Research Training (BU-CHART) Program at Boston Medical Center is a two-year mentored postdoctoral research training program designed for physicians and other health scientists to enable them to conduct high-quality, ethical HIV/AIDS research focused on disadvantaged populations. BU-CHART will provide specific training in research methods of relevance to study co-morbidities, adherence, substance abuse and transmission of HIV infection. The T32 grant provides stipend, tuition, fees for coursework, travel funds, and health insurance.

Three post-doctoral trainees each year will enter a structured program that includes an introductory series of didactic lectures in HIV/AIDS, classroom work and a mentored thesis leading to the MSc or PhD degree in Epidemiology, ethics coursework and mentoring and a series of Clinical Research seminars as part of the Boston University CREST Program. Each trainee will have a mentoring team comprised of a Senior Mentor, a Project-specific Mentor, and an Ethical Mentor. The candidate’s research will focus on one of four specific subject areas where BU has particular strengths: Opportunistic Diseases, Adherence and Natural History, Substance Use and Transmission. The primary goal of BU-CHART is to enable trainees to become independent investigators in HIV/AIDS research with a special focus and expertise in research in disadvantaged populations.

Candidates should send the materials listed below by e-mail to Kaylyn Bruciati (Kaylyn.bruciati@bmc.org).

1) Application Form
2) Personal Statement. Two pages, 0.5 inch margins, Arial font, Font Size 11.
3) CV/Resume of applicants and research advisor(s), including publications.
4) Three References
Application Form

Name: ____________________________________________

Address: ____________________________________________

Phone: ____________________________ Evening: ________________

Day: ____________________________

Email: ____________________________________________

Citizenship: ____________________________

(Only US citizens or permanent residents may apply)

Degree(s): __________________________________________________________________________

Month/Year of Degree(s): __________________________________________________________________________

Clinical Subspecialty, if applicable: __________________________________________________________________________

Institution(s) of Degree(s): __________________________________________________________________________

Dissertation Title (if applicable): __________________________________________________________________________

Research Advisor: __________________________________________________________________________

Desired start date of the program (month/date/year): ________________

Area of Interest (check all that apply):

☐ Opportunistic Diseases
☐ Adherence and Natural History
☐ Substance Use
☐ Transmission

Applicants should indicate which BU CHART Faculty member(s) they would like to work with during their T32 training period.

References: Please provide Name, Title, E-mail Address, Phone Number

1. ____________________________________________
2. ____________________________________________
3. ____________________________________________

How did you hear about this program?

________________________________________

Have you ever had NRSA funding in the past? If so, please indicate the following:

Grant Number: ____________________________________________

Pre-Doc ☐
Post-Doc ☐
Equal Opportunity Form

ETHNICITY
Do you consider yourself to be Hispanic or Latino?

☐ Hispanic or Latino

☐ Not Hispanic or Latino

RACE

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Check here if you do not wish to provide some or all of the above information.

DISADVANTAGED BACKGROUND

1. As a child, did you or your family ever qualify for State or Federal assistance (e.g., food stamps, free and reduced lunch, Medicaid, other forms of monetary support)?

2. As a child, did you receive any of the following student loans/scholarships:
   ☐ Health Professional Student Loan (HPSL),
   ☐ Loan for Disadvantaged Student Program
   ☐ Scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need

3. Do you consider yourself to have a rural background?

4. Is your generation the first in your family to attend college?

DISABILITIES
Do you consider yourself to have a physical or mental impairment that substantially limits one or more major life activities?

☐ Yes

☐ No