Women’s Health Research Registration

Table:

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<th>Date(s)</th>
<th>Institution</th>
<th>The Nature of Your Work</th>
<th>Funding Agency</th>
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- I have previous research experience
- I am new to research (skip this section)

I have experience or training in:
- [ ] CLINICAL OB/GYN
- [ ] BIOSTATISTICS
- [ ] DATA ENTRY
- [ ] OTHER:________
- [ ] SCIENTIFIC WRITING
- [ ] COMPUTER PROGRAM (MS WORD/EXCEL/ACCESS)

Describe your special interest(s) and any projects you are considering in Women’s Health Clinical Research.

What are your research goals in Women’s Health? (I.e. C V building, research exposure, scientific meetings, OB GYN exposure etc)

Indicate how many hours a week and how many months you can incorporate research activities into your schedule:
Instructions for Submission

THE DOCUMENTS CHECKLIST (PLEASE READ THE INSTRUCTIONS FOR THE DOCUMENTS IN THE SUMMER RESEARCH PROGRAM DOCUMENT)

COMPLETE REGISTRATION FORM
CURRENT C.V.
PERSONAL STATEMENT
LETTERS OF RECOMMENDATION (OPTIONAL)

THE DECISIONS WILL BE MADE ON THE BASIS OF YOUR COMPLETE APPLICATION AND YOUR INTEREST IN THE RESEARCH IN WOMEN’S HEALTH. WE APPRECIATE YOUR INTEREST IN OUR SUMMER RESEARCH PROGRAM AND WE LOOK FORWARD TO WORKING WITH YOU.

SUBMIT TO:
JASON K BAXTER, MD, MSCP
DIRECTOR, RESEARCH DIVISION
ASSISTANT PROFESSOR, DIVISION OF MATERNAL-FETAL MEDICINE
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
BEN FRANKLIN HOUSE
834 CHESTNUT STREET
SUITE 400
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215-955-9200

YOU MAY SUBMIT THE FORM ELECTRONICALLY VIA E-MAIL TO:

jason.baxter@jefferson.edu

Thank You for Registering