

Women's Health Research Registration

Referred by: Self Referral

<u>Last Name:</u>	<u>First, MI</u>	<u>Current Position:</u>	<u>Date:</u>
<u>Address:</u>	<u>E-mail:</u>	<u>Phone:</u>	<u>Page:</u>

- I have previous research experience
 I am new to research (skip this section)

<u>Date(s)</u>	<u>Institution</u>	<u>The Nature of Your Work</u>	<u>Funding Agency</u>

- 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. CV 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
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215-955-9200

YOU MAY SUBMIT THE FORM ELECTRONICALLY VIA E-MAILTO:

jason.baxter@jefferson.edu

Thank You for Registering