

PROFESSIONAL DEVELOPMENT PROGRAM APPLICATION FORM

Name: _____ Dept: _____

Title: _____ College: _____

Phone: _____ Office Location: _____

Email: _____

Research Interests

Please provide
2-3 sentences
that capture your
areas of research

Attachments

Please attach the items
on this checklist.

NIH Biosketch

Application Form

Submission Instructions:

1. Please complete all fields on this form.
2. Save the completed form.
3. Email your completed application form and NIH Biosketch.

Email: HEALTHrcmi@central.uh.edu

Subject Line: RCMI PDP _ Last Name

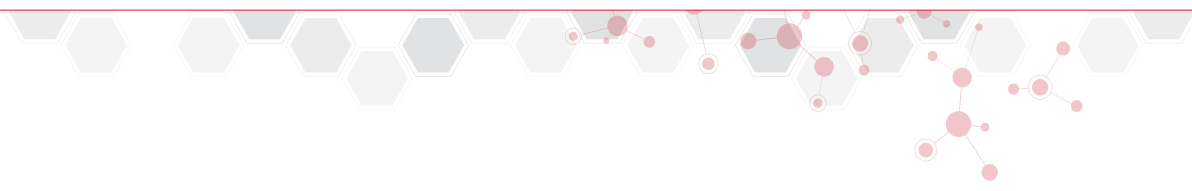
The HEALTH Center for Addictions Research and Cancer Prevention will not process incomplete forms.
Please fill out all fields and attach NIH Biosketch.

**Overview of
Short-Term
Research Goals**

300 words max

**Overview of
Long-Term
Research Goals**

300 words max



**Career
Development
Plan**

Please detail – in a page or less - (1) the specific training needed to help you obtain the necessary skills to reach your goals and (2) the training methods best suited to you (3) how mentored research will be essential in achieving your career goals.

**Fit with the
NIMHD-RCMI**

Please detail – in a page or less – how your research interests align with the mission of the HEALTH Center for Addictions Research and Cancer Prevention.