**Center for Collaborative Research in Health Disparities (RCMI Program)**

RCMI

27th RCMI PROFESSIONAL DEVELOPMENT Awards

**Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Click here to enter text. | Area of research | Click here to enter text. |
| Last Name | Click here to enter text. | Position | Choose an item. |
| E-mail  | Click here to enter text. | If graduate student, specify: | Choose an item. |
| Phone number | Click here to enter text. | If faculty, specify: | Choose an item. |
| School | Choose an item. | Departure date:  | Click here to enter a date. |
| Department | Click here to enter text. | Arrival date:  | Click here to enter a date. |

# Description of TRAINING/COLLABORATION arrangements

A brief description of the intended activity and its relevance to the applicant research development (one page). Specify expected outcome(s): i.e. Training / Publication / Grant application.

# Estimated COSTS

|  |  |
| --- | --- |
| Category | Costs ($ 0.00) |
| Housing | Click here to enter text. |
| Plane tickets | Click here to enter text. |
| Land transportation | Click here to enter text. |
| Per diem | Click here to enter text. |
| Other | Click here to enter text. |
| Specify other | Click here to enter text. |
| TOTAL |  |

# CHECK LIST for this request

* Please submit your documents to rcmi.rcm@upr.edu: Check if completed:
	+ Your Biographical Sketch in new format \* [ ]
	+ A brief description of the intended activity [ ]

and its relevance to the research development

of the applicant (one page). Specify expected outcome

(i.e. Training/Publication/Grant application)

* + A letter of support from host collaborator/ [ ]

laboratory

\* Newest NIH form attached.

* For graduate students only please upload:

Letter of support from advisor [ ]

(this is a requirement)

SUBMIT YOUR ELECTRONIC APPLICATION FORM TO rcmi.rcm@upr.edu by **Friday, March 29, 2019.  ONLY E-MAIL SUBMISSIONS WILL BE ACCEPTED.**