

American Pediatric Society & Society for Pediatric Research

Barbara Anagnostelis, Coordinator

3400 Research Forest Drive, Suite B-7 ~ The Woodlands, TX 77381

Phone: (281) 419-0052 Fax: (281) 419-0082

E-Mail barbaraa@aps-spr.org URL : www.aps-spr.org

GENERAL INFORMATION

The purpose of the medical student research training program is to identify and encourage highly qualified medical students in careers in research related to pediatrics. The program is designed specifically for students seeking a research opportunity at an institution **OTHER THAN THEIR OWN MEDICAL SCHOOL**. **Students from underrepresented minorities are strongly urged to apply.**

Students choose or are matched with leading research laboratories for a 2 -3 month period (40 hr./wk.), to work under the direct supervision of experienced scientists. Each student receives a stipend of \$58.83 per day for this period (for 2010 program).

QUALIFICATIONS OF APPLICANT

- Applicants must be enrolled in a medical school in the U.S. or Canada and in good standing at the time of the application.
- Applicants with any medical degree are **not** eligible.
- Students who have already participated in this program are **not** eligible. Previous applicants are eligible.

STUDENT RESPONSIBILITIES

- At the time of application, students should arrange to have the Application, Personal Data Form, Dean's letter, and both Faculty Recommendation Forms sent directly to the Student Research program office.
- All parts of the application may be **FAXED** to the above fax number. Please advise the appropriate parties. Especially for faxed applications, please pay particular attention to the legibility of the documents. All parts will also be accepted by **email with an electronic signature**. (This method is preferred.)
- During the program, the student is responsible for arranging living quarters, transportation and submitting reports and evaluations, and notifying the Student Research Coordinator of any address/telephone changes.

STUDENT SELECTION

- Students are selected by the Student Research committee. The actual selection is made on the basis of an assessment of the student's application, and **two (2)** faculty recommendations. The students who wish to apply can review the online Directory of Laboratory opportunities on our web site at: www.aps-spr.org. This directory summarizes the projects currently available. The directory is updated annually. Every effort is made to place students with the laboratory of their choice, to match their particular interests and talents. Questions can be directed to the Student Research Program Coordinator listed above. If you have any questions about the specific projects, requirements or qualifications of the labs you are encouraged to contact the labs directly at any time during the application and matching process.

~~~~~ IMPORTANT DATES ~~~~~

January 21, 2011 **Receipt Deadline** for Complete Application (Personal Data Form, two (2) only) Faculty Recommendation forms, and Dean's letter) to be **RECEIVED**.

March 11, 2011 **Acceptance notices** will be emailed. (Approximate date).

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TO: Student Applicant
FROM: Chairman, Student Research Committee
SUBJECT: 2011 Student Research Program

Enclosed you will find the application packet for the Student Research Program. Please read the following carefully.

IT IS YOUR RESPONSIBILITY TO SEE THAT YOUR APPLICATION IS COMPLETED AND RECEIVED BY THE DEADLINE.

The application packet consists of:

- A. General Information Sheet
- B. Student Responsibility Sheet
- C. Application Form
- D. Personal Data Form
- E. Two Sets of Faculty Recommendation Forms
- F. Dean's Letter Request Form

Your completed Application Form, Personal Data Form, two Faculty Recommendation Forms, and your Dean's Letter are **DUE** at the office of the Student Research Program **by January 21, 2011**. Each of these pieces CAN be faxed (281-419-0082) or emailed to barbaraa@aps-spr.org (Preferred method). **APPLICATIONS RECEIVED AFTER January 21, 2011 OR WITH ITEMS MISSING WILL NOT BE PROCESSED.**

FIRST, complete the **Application Form**. **PLEASE TYPE or PRINT CLEARLY** all sections. Use additional pages if necessary. **DO NOT** use the back of pages, or information may be overlooked. The current Directory of Laboratories is posted on our website at www.aps-spr.org.

We would also like for you to complete the "Personal Data Form". Participation in the program by qualified minority students increases the amount of funds available to the program and allows us to provide more awards. This form will not be duplicated and it will **not** be a part of the review process. All personal data will be confidential. If you decline to provide this information, it will in no way affect consideration of your application. The purpose in requesting this information is to enable us to evaluate the impact that the program has on cultural diversity in pediatric clinician-investigators. Your social security number is required if you are selected for participation for 1099-Misc. Reporting purposes.

SECOND, complete the first two sections of BOTH Faculty Recommendation Forms. Give the **Faculty Recommendation Form** to the appropriate faculty members. Select these individuals carefully since they are important in the evaluation process. This recommendation can come from a member of your undergraduate faculty, as well as from your current medical school faculty. **The Student Research Committee recommends that if you have worked with a teacher on a research project, select that teacher to write one of the recommendations.** Ask them to mail, fax or email the form promptly to the Student Research Program office **by January 21, 2011**. Indicate to each faculty member that your application will **not be evaluated without this form**.

THIRD, contact the Registrar or Dean of Curricular Affairs or appropriate official of your current medical school and request a letter stating that you are in good standing in your medical school class be sent to the Student Research Program **prior to** the deadline date of **January 21, 2011**. The form for you to use to request this information/letter is included in the application package. We do **not** need this form returned to our office.

CHECK WITH OUR OFFICE periodically to confirm that (a) the faculty members have mailed your recommendation forms and (b) the Dean's office has mailed your letter. The quickest way to contact the office is by email at barbaraa@aps-spr.org.

No application packet will be evaluated if incomplete or not RECEIVED by January 21, 2011

Thank you for your cooperation. Good luck with your application.

American Pediatric Society and Society for Pediatric Research

2011 Student Research Program Student Participant Responsibilities and Policies

Award Payments

Stipends are provided in three installments. The first payment will be issued at the **end** of your first month, the second at the **end** of the second month. The last payment is issued **after** the final report and student evaluation have been **received**.

The stipend is \$58.83 per day. (based on the 2010 program)

Change of Address Notification

Advise the Student Research Program Coordinate immediately of any pending address change. This will ensure prompt receipt of payments and facilitates our future communications with students. Our office hours are 8:00am–4:30pm (CST) Monday–Friday. Phone: (281) 419-0052 Fax: (281) 419-0082 Email: barbaraa@aps-spr.org

Living Quarters and Transportation Arrangements

Students are responsible for arranging and supporting their own living quarters and travel. If you are having difficulty finding living quarters, your laboratory supervisor **might** have information on available housing in the area. Think about this carefully when you select your laboratory location.

Work Hours and Days

Student participants are expected to devote full time (at least 40 hours a week for a 2 – 3 month period) to work in the laboratory. The student and supervisor will determine the actual number of hours and days spent in the laboratory. Students might be expected to work some evenings or weekends as well. If you wish to enroll in class sessions, you are allowed to take up to three units of course work in related fields by arrangement with your supervisor. If you cannot work 40 hours per week, please report this information to the Student Research Program Coordinator immediately.

Laboratory Assignments

Every effort is made to place students in the laboratory of their first choice. If selected, the first choice will be confirmed with the student before matching begins. We want to ensure a positive experience for both the student and the laboratory.

Concluding Requirements

At the end of your 2 – 3 month assignment, students must complete all of the following items. Final payment will not be issued until we receive the essay, the evaluation and the confirmation that the course on research ethics certified by your PI has been received..

- A two-page summary/essay of your work, describing your research.
- Program evaluation questionnaire (which will be provided)
- A completed Termination Notice form (which will be provided).
- You are required to complete an ethics course relating to training in the responsible conduct of research prior to the completion of your participation and provide the verification document. An example of an acceptable course can be found at <https://www.citiprogram.org/rcrpage.asp>

Our Annual Scientific Meeting – Submitting Abstracts - Presenting Your Work

We encourage students to submit, with their preceptor, an abstract to the annual meeting we co-sponsor (Pediatric Academic Societies' Annual Meeting). This meeting occurs each May and the abstract deadline will be in mid November. Students who submit abstracts with their preceptor are eligible for consideration for a travel award if the abstract is accepted for presentation. Student participants and their preceptor are sent information on abstract submissions in the late Fall after they complete the program.

Long Term Follow-Up

We maintain contact with students until they have completed all of their postgraduate training to determine to what extent this program has contributed to their eventual career. These outcomes are important to the future of this program and to other students who will participate.

Society for Pediatric Research & American Pediatric Society

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2011 Student Research Program Application Form

**Application Packets Must be Complete and
 Received by January 21, 2011**

SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING
 When completed, attach this file to an email and send to barbaraa@aps-spr.org

Last Name		First Name		Middle Initial			
Address (while attending school)			City, State, Country, Zip				
Permanent Address (Parents)			City, State, Country, Zip				
Telephone (cell)			Email Address				
Date of Birth (month/day/year)			Place of Birth City/State/Country				
Citizenship: (check one)		<i>U.S. Citizen or U.S. Noncitizen National</i>	<input type="checkbox"/>	<i>Permanent Resident of U.S.</i>	<input type="checkbox"/>	<i>Other</i>	<input type="checkbox"/>

Colleges or Universities Attended: (start with most recent)				
Name of School, City, State	Degree	Date of Degree	Major	Minor

Medical Schools Attended: (start with most recent)		
Name of School, City, State	Start Date	Expected Completion

Society for Pediatric Research & American Pediatric Society

2011 Student Research Program Personal Data Form

Attach this form to the original application

We request that you complete this "Personal Data Form". Participation in the program by qualified minority students increases the amount of funds available to the program and allows us to provide more awards. This information is also used to evaluate the impact that the program has on cultural diversity in pediatric clinician-investigators. This form will not be duplicated and the data will not be a part of the review process. All data will be confidential. Your cooperation is appreciated.

Name (Last, First, Middle)	Sex	
	Male	Female
Social Security Number (required)		

Do you have a disability? Yes No Do not wish to provide

Disability: A physical or mental impairment that substantially limits one or more major life activities. If yes, which of the following categories describe your disability (ies):

Hearing Mobility Visual Other

Are you from a disadvantaged background? Yes No Do not wish to provide

Disadvantaged Background: An individual is considered to be from a disadvantaged background if he or she:
 1. Comes from a family with an annual income below established low-income thresholds, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>. Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

2. Comes from a social, cultural, or educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition of the knowledge, skills, and abilities necessary to develop and participate in a research career. This category is most applicable to high school and perhaps undergraduate students, but more difficult to justify for individuals beyond that level of achievement.

Race and/or Ethnic Origin (Check One)

NOTE: The category that most closely reflects the individual's recognition in the community should be used for purposes of reporting mixed racial and/or ethnic origins.

- 1 - American Indian or Alaskan Native.** A person having origins in any of the original peoples of North America, and who maintains a cultural identification through tribal affiliation or community recognition.
- 2 - Asian (not a Pacific Islander).** A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes, for example, China, India, Indonesia, Japan, Korea and Vietnam.
- 3 - Black (not of Hispanic Origin).** A person having origins in any of the black racial groups of Africa.
- 4 - Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 5 - White (not of Hispanic origin).** A person having origins in any of the original peoples of Europe, North America, or the Middle East.
- 6 - Pacific Islander.** A person having origins in any of the original peoples of Hawaii; the U.S. Pacific Territories of Guam, American Samoa, and the Northern Marianas; the U.S. Trust Territory of Palau; the islands of Micronesia and Melanesia; or the Philippines.
- 0 - Check here if you do not wish to provide some or all of the above information.**

2011 Student Research Program Application ~ continued

1. Describe honors, hobbies, special interests or previous work experience that you would like the Committee to consider. (use additional pages as needed)

2. Are there any circumstances (financial or social) that you believe require consideration?

3. Have you done research or independent study previously? YES NO
If yes, please describe:

4. Publications? (List)

5. When would you like to participate in this program (approximate dates):

Keep in mind if selected you are expected to spend 8–10 weeks in the program

From:

To:

Continued Next Page-----

2010 Student Research Program Application ~ continued

6. Would you be willing to participate in the program without benefit of stipend? Yes No

7. Why did you decide to apply for this program? How will it help you?
(Tell The Student Research Subcommittee About Yourself.) Use additional pages as needed

Empty response area for question 7.

2011 Student Research Program Application ~ continued

8. Please list in **ORDER OF PREFERENCE** five (5) laboratories in which you would like to work.
- The *Directory of Research Opportunities* is available on our web site at www.aps-spr.org.
 - You will need to choose and list 5 locations you are interested in. All 5 choices can be within the same city.
 - **If you are selected you will have an opportunity to change your selection prior to matching.**

Example:

1 st	000	John Doe, M.D.	UCLA	Los Angeles, CA
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Choice	Lab #	Investigator	Institution / School	City / State
1 st				
2 nd				
3 rd				
4 th				
5 th				

9. Please list names and addresses of the two teachers who will complete the Faculty Recommendation Form

	First Faculty Recommendation	Second Faculty Recommendation
Name		
Title		
Address		
Address		
City / State / Zip		
Telephone		
Email Address		

10. How did you hear about the program?

(Check the appropriate information source)

Dean of Student Affairs Office	
Dean of Minority Affairs Office	
Pediatric Department Chairman	
Journal for Minority Medical Students	
Other (be specific below)	

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2011 Student Research Program Faculty Recommendation

- Type or print clearly
- Confine your answers to spaced provided
- This form must be signed by the faculty member
- Do not return this form to the student. Return it directly to the Student Research Program Coordinator at the address or fax noted above

Faculty Recommendations must be received by January 21, 2011

DEAR FACULTY MEMBER: We would appreciate your candid evaluation of the student listed below who is applying to the Student Research Program of the American Pediatric Society and the Society for Pediatric Research. Your comments will be held confidential. If you wish to write a letter of recommendation, in addition to filling out this form, please feel free to do so. **This form must be received by January 21, 2011 (may be faxed or emailed).** Your prompt response is appreciated since incomplete applications will not be evaluated.

THANK YOU IN ADVANCE FOR YOUR TIME AND COOPERATION!

Student Name	
---------------------	--

Faculty Member	
Title	
Institution	
Department	
Address	
City / State / Zip	
Phone Number	
Fax Number	
Email Address	

3. Why do you feel this applicant would benefit from a research experience? (THE PURPOSE of the medical student research training program is to encourage and introduce gifted students from all disciplines to consider careers in research related to pediatrics).

4. Approximately how long have you known this applicant?

--

5. How well acquainted are you with the applicant as a person?

	Very Well	Well	Marginally

6. How well acquainted are you with the quality of his/her work?

	Very Well	Well	Marginally

7. In which course(s) have you had the applicant as a student?

--

8. From your personal knowledge, how would you rate the applicant academically? (Check One)

	Upper 3%	Upper 10%	Upper 25%	Upper 50%	Lower 50%

9. Please rate the student by checking the appropriate areas below

	Unknown	Lower 50%	Upper		
			25%	10%	3%
General Intelligence					
Integrative & learning ability for understanding concepts					
Creativity					
Interest					
Perseverance					
Laboratory Techniques					
Social Adaptability					

10. Use this space if you would like to qualify any rating given in No. 9.

--

11. To your knowledge, are there any special circumstances, financial or social, which you believe require consideration?

--

SIGNATURE (Required):

DATE:

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THANK YOU IN ADVANCE FOR YOUR TIME AND COOPERATION!

Student Name	
Faculty Member	
Title	
Institution	
Department	
Address	
City / State / Zip	
Phone Number	
Fax Number	
Email Address	

3. Why do you feel this applicant would benefit from a research experience? (THE PURPOSE of the medical student research training program is to encourage and introduce gifted students from all disciplines to consider careers in research related to pediatrics).

4. Approximately how long have you known this applicant?

5. How well acquainted are you with the applicant as a person?

Very Well	Well	Marginally
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6. How well acquainted are you with the quality of his/her work?

Very Well	Well	Marginally
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7. In which course(s) have you had the applicant as a student?

8. From your personal knowledge, how would you rate the applicant academically? (Check One)

Upper 3%	Upper 10%	Upper 25%	Upper 50%	Lower 50%
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9. Please rate the student by checking the appropriate areas below.

	Unknown	Lower 50%	Upper		
			25%	10%	3%
General Intelligence					
Integrative & learning ability for understanding concepts					
Creativity					
Interest					
Perseverance					
Laboratory Techniques					
Social Adaptability					

10. Use this space if you would like to qualify any rating given in No. 9.

11. To your knowledge, are there any special circumstances, financial or social, which you believe require consideration?

SIGNATURE (Required):	DATE:
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2011 Student Research Program ~ DEAN'S LETTER REQUEST FORM

Student's Name:	
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Dear Dean of Curricular Affairs:

Please send a letter stating that the above named student is in good standing in his/her medical school class to the STUDENT RESEARCH PROGRAM at the above address. This student is applying for a stipend from the Student Research Program to do research. **WE MUST RECEIVE THE LETTER BY JANUARY 21, 2011** or the student's application will not be reviewed.

Thank you for your cooperation.

Sincerely,

Barbara Anagnostelis
Coordinator, Student Research Program

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Student's Signature