

## Certificate in Fundamentals of Clinical Research

Graduate or Professional Program Student App	lication
10-digit Student ID Number	
Name (Last, First, Middle Initial)	
Date of Birth (MM/DD/YYYY)	
Email Address	
Phone number	
Certificate Type (The curriculum is the same)	
☐ Graduate Certificate (I am in graduate school	ol)
☐ Professional Certificate (I am in professional	school)
Course Plan – Review Clinical Investigation, Fundamourse requirements in the <u>Guide</u> .	mentals of Clinical Research, Graduate/Professional Certificat
Course name and number	Semester / year to be taken
BMI 542 (required course)	
POP HLTH 797 (required course)	
BMI 541 or BMI 699 or BMI 551 & 552	
BMI 544 or BMI 773 or POP HLTH 709	



Last updated: July 2023



## Statement of Purpose

Last updated: July 2023.

	pecific research interest, using the text box		saron wiii neip you
ame of Ap	oplicant (Please print) Signate	ure of Applicant	Date
ame of R	esearch Mentor or Advisor (Please print)	Signature of Advisor	Department
low did yo	ou hear about the Certificate in Fundament	als of Clinical Research?	
ubmissio	n Instruction		
ption 1:			
	Deliver this application form and bioske Learning Center, 750 Highland Ave., Mac & Translational Research.		
ption 2:	Empil Doidro et vince incue Quinc est un	ith this application forms and l	niaakatah arras
	Email Deidre at <u>vincevineus@wisc.edu</u> w attached.	iui uiis application form and t	olosketch of resum

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