



Certificate in Fundamentals of Clinical Research

Graduate or Professional Program Student Application

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)

Professional Certificate (I am in professional school)

Course Plan (Four required courses and one elective course)

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|------------------------|-----------------------------|
| Course name and number | Semester / year to be taken |
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| <u>BMI 541</u> | _____ |
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| <u>BMI 542</u> | _____ |
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| <u>BMI 544</u> | _____ |
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| <u>Population Health 797</u> | _____ |
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Last updated November 2022

UW ICTR Partners

School of Medicine and Public Health • School of Nursing • School of Pharmacy • School of Veterinary Medicine • College of Engineering • Marshfield Clinic



Statement of Purpose

Please address how you believe a Certificate in the Fundamentals of Clinical Research will help you with your specific research interest, using the text box (100 words).

Name of Applicant (Please print)

Signature of Applicant

Date

Name of Research Mentor or Advisor (Please print)

Signature of Advisor

Department

How did you hear about the Certificate in Fundamentals of Clinical Research?

Submission Instruction

Option 1:

Deliver this application form and biosketch or resume to Deidre at 2112 Health Science Learning Center, 750 Highland Ave., Madison, University of Wisconsin Institute for Clinical & Translational Research.

Option 2:

Email Deidre at vincevineus@wisc.edu with this application form and biosketch or resume attached.

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