CRISP Application

Name *(Required)*

First	Last

Email *(Required)*

Enter Email	Confirm Email

Street Address

Address Line 2

	Washington ⌄
City	State

ZIP Code

Institution *(Required)*

Fred Hutch ⌄

Position *(Required)*

Resident ⌄

Specialty *(Required)*

| Anesthesiology | ⌄ |

Subspecialty

If you have one, please write-in your subspecialty.

[   ]

Year you finished clinical training *(Required)*

Write in "pending" if appropriate

[   ]

What is your Gender Identity? *(Required)*

○ Woman (Including Trans Woman)
○ Man (Including Trans Man)
○ Genderqueer/Gender nonconforming (neither exclusively male nor female
○ Prefer not to answer
○ Other

| Other |

Which of the following best represents your racial heritage? *(Required)*

Select all that apply. We acknowledge that the list of options as provided by the NIH for program reporting may not fully represent one's ethnic/cultural identity.

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other

☐ Prefer not to answer

If you identify as Hispanic or Latino, please select between the options below

○ I identify as a non-white Hispanic or Latino

○ I identify as a white Hispanic or Latino

Do you meet the NIH's criteria for coming from a disadvantaged background?
(Required)

We acknowledge that the list of criteria as provided by the NIH for program reporting may not fully represent one's life experiences as being disadvantaged. Individuals from disadvantaged backgrounds, defined as those who meet *two or more* of the following criteria:

1. Were or currently are homeless? (As defined by the McKinney-Vento Homeless Assistance Act: https://nche.ed.gov/mckinney-vento/)
2. Were or currently are in the foster care system? (As defined by the Administration for Children and Families: https://www.acf.hhs.gov/cb/focus-areas/foster-care)
3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years? (Definition: https://www.fns.usda.gov/school-meals/income-eligibility-guidelines)
4. Have/had no parents or legal guardians who completed a bachelor's degree? (See https://nces.ed.gov/pubs2018/2018009.pdf)
5. Were or currently are eligible for Federal Pell grants? (Definition: https://www2.ed.gov/programs/fpg/eligibility.html)
6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child? (Definition: https://www.fns.usda.gov/wic/wic-eligibility-requirements)
7. Grew up in one of the following areas:
   1. a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (https://data.hrsa.gov/tools/rural-health)
   2. *or a* Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zip codes are included in the file).

3. Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

8. Students from low socioeconomic (SES) status backgrounds have been shown to obtain bachelor's and advanced degrees at significantly lower rates than students from middle and high SES groups (see https://nces.ed.gov/programs/coe/indicator_tva.asp), and are subsequently less likely to be represented in biomedical research. For background see Department of Education data at https://nces.ed.gov/; https://nces.ed.gov/programs/coe/indicator_tva.asp; https://www2.ed.gov/rschs diversity-inclusion.pdf.)

○ Yes, I meet two or more of the above criteria
○ No, I do not meet two or more of the above criteria
○ Prefer not to answer

Personal Statement *(Required)*

Please tell us about your professional interests and what you are hoping to gain from this course. (About 100 words/500 characters including spaces)

0 of 500 max characters

Prior training in clinical research skills *(Required)*

Check all that apply:

- ☐ MS or MPH
- ☐ Formal coursework but no degree
- ☐ Weeklong training course
- ☐ Other

Have you programmed in R before? *(Required)*

- ○ No
- ○ Yes, beginner level
- ○ Yes, intermediate level
- ○ Yes, advanced level
- ○ Yes, expert level

How did you hear about this course? *(Required)*

- ○ Announcement email
- ○ X (Twitter)
- ○ Meeting
- ○ Website
- ○ Recommendation from a mentor or colleague
- ○ Recommendation from former CRISP student
- ○ Other

Other

Do you agree to provide feedback at the end of the course, and a CV or biosketch annually for up to 10 years after the course? *(Required)*

- ○ Yes
- ○ No
- ○ Not sure

File upload *(Required)*

Please upload your CV or biosketch here.

Drop files here or

Select files

Accepted file types: pdf, doc, Max. file size: 130 MB, Max. files: 2.

SUBMIT

☁ SAVE & CONTINUE