

**THE HARTFORD/UCLA PROGRAM
FOR ADVANCED TRAINING IN GERIATRICS RESEARCH**

PLEASE TYPE

Name
First _____ Middle _____ Last _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____

Office Address _____

City _____ State _____ Zip Code _____

Office Telephone _____ Pager/Beeper Number _____

E-mail Address _____

Contact/Information Effective July 1, 2000 if different from above:

Office Address _____

City _____ State _____ Zip Code _____

Office Telephone _____ Pager/Beeper Number _____

E-mail Address _____

Social Security Number _____ BirthDate _____

Present Position _____

Citizenship _____ Anticipated Starting Date in Program _____

SIGNATURE _____ **DATE** _____

For Administrative Use Only:	
Date Received: _____	Ref 1 _____
Reapplication Info _____	Ref 2 _____
_____	Ref 3 _____

Applicant's Name: _____ |

TO THE APPLICANT

The information solicited in this application is essential to the selection process. It will be used for screening applicants and as a basis for interviewing. Please read through the entire application form before responding to individual questions. Applications will be reviewed on an ongoing basis and appropriate candidates will be selected for the interview process. All training will begin July 1st of each academic year.

Submit the completed application to:

David B. Reuben, M.D.
The Hartford/UCLA Program for Advanced
Training in Geriatrics Research
UCLA Division of Geriatrics
10945 Le Conte Avenue
Suite 2339
Los Angeles, CA 90095-1687

Applicant's Name: _____

DO NOT ATTACH C.V. IN LIEU OF COMPLETING THIS FORM

List in chronological order, attendance at all:

INSTITUTION	CITY, STATE	FROM	TO	MAJOR	DEGREE GRANTED
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UNDERGRADUATE:

Awards/Honors Received:

COLLEGES:

Awards/Honors Received:

NON-MEDICAL GRADUATE OR PROFESSIONAL:

Awards/Honors Received:

UNDERGRADUATE MEDICAL:

Awards/Honors Received:

POST-M.D. TRAINING	SPECIALTY	INSTITUTION	FROM	TO
PG1	_____	_____	19	19
PG2	_____	_____	19	19
PG3	_____	_____	19	19
PG4	_____	_____	19	19

Applicant's Name: _____

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FELLOWSHIPS. List all fellowships held.

FELLOWSHIP NAME/TYPE	INSTITUTION	FROM	TO
_____	_____	19	19
_____	_____	19	19

Upon completion of training, will you be Board eligible? Yes No

If YES, which Board? _____

When will your clinical training be completed? Date: _____

List all student/faculty committees on which you have served (e.g., curriculum committee, admissions committee, etc.)

<u>COMMITTEE</u>	<u>INSTITUTION</u>	<u>DATES</u>	<u>DUTIES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any experiences or training you have had in such "non-biological" science fields as anthropology, economics, epidemiology, sociology, statistics, psychology, etc. (Please limit response to the space below.)

RESEARCH AND WORK EXPERIENCE

List laboratory, research, teaching assistant, practice, and/or academic positions held. Indicate where performed and period covered. (Attach additional pages if required.)

	<u>POSITION/TITLE</u>	<u>WHERE DONE</u>	<u>TIME PERIOD</u>
1.			
	Comment:		
2.			
	Comment:		
3.			
	Comment:		

Applicant's Name: _____ |

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Indicate your experience in the following:

MILITARY: _____ Branch/Rank: _____ Year(s): _____

Duties: _____

NATIONAL HEALTH SERVICE CORP: _____ Year(s): _____ Place: _____

U.S. PUBLIC HEALTH SERVICE: _____ Year(s): _____ Place: _____

PEACE CORPS: _____ Year(s): _____ Place: _____

Other: _____

COMMENTS:

List all of your publications. You may attach a list of your publications if one is already typed. Abstracts and articles should be separated and inclusive page numbers indicated where appropriate.

Applicant's Name: _____ |

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OBJECTIVES

Please state the reason for your interest in this program. The statement must describe your purpose, objectives, clinical and research interests, and clinical and research goals and how these best can be accomplished by acceptance into the Hartford/UCLA Program for Advanced Training in Geriatrics Research. Indicate what you hope to learn from participation in the Hartford/UCLA Program for Advanced Training in Geriatrics Research. In addition, please indicate what professional roles you would like to be filling in five to ten years. (This may be prepared on separate pages, limited to two pages)

Applicant's Name: _____

REFERENCES

The Hartford/UCLA Program for Advanced Training in Geriatrics Research requires that the applicant supply three letters of reference (please do not send additional references) on official Reference Forms provided with this application packet. Please list the names and addresses of the three references to whom you are going to send reference forms for completion. One of the references **must** be the Program Director of your present or most recent clinical training program.

1. Name _____

Title _____

Address _____

Phone # _____

2. Name _____

Title _____

Address _____

Phone # _____

3. Name _____

Title _____

Address _____

Phone # _____

Applicant's Name: _____

THE HARTFORD/UCLA PROGRAM FOR ADVANCED TRAINING IN GERIATRICS RESEARCH

Consent Form for Release of Information

In making this application to become a Hartford/UCLA Scholar, I recognize my right under the "Family Educational Right and Privacy Act," Section 368 of the "General Education Provisions Act" 20 U.S.C. §1232g initially adopted by Section 513 of P.L. 93-380 dated August 21, 1974 and amended by P.L. 93-568 dated December 13, 1974. This statute as amended provides that information which could personally identify me may not be released except as this consent implies. I therefore agree that the Hartford/UCLA Program for Advanced Training in Geriatrics Research Program Director and his designee(s) are hereby authorized to release personally identifiable information from this application form, letters of recommendation, and any transcripts or other evaluation documents prepared in connection with this application and in the course of my tenure as a Hartford/UCLA Scholar, to the John A. Hartford Foundation and its subsidiary program known as the Hartford/UCLA Program for Advanced Training in Geriatrics Research, and to other organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of administering or improving the Hartford/UCLA Program for Advanced Training in Geriatrics Research or for improving the general weal. I shall expect the information which may be made available to the public (as itemized above) to be maintained in a separate file available to my inspection on demand. Such file shall contain a dated list of organizations or individuals to whom this information has been released.

SIGNATURE

DATE