Georgia CTSA
Georgia Clinical & Translational Science Alliance

EMORY | LANEY GRADUATE SCHOOL

Certificate Program in Translational Science (CPTS) Application Cover Sheet

Applicant Information

University Affiliation: ☐ Emory ☐ Georgia Tech ☐ MSM ☐ UGA

Current Role: ☐ Faculty ☐ PhD student ☐ Medical student ☐ PharmD Student
☐ PhD postdoctoral fellow ☐ Resident/Fellow (Physician) ☐ PharmD Resident

Full Name: _____ Preferred Name:_____

Mailing Address: _____

_____

E-mail: _____ Alternative E-mail: _____

Phone: _____ (office) _____ (cell) _____(PIC or Pager)

Date of Birth: _____

Educational Degree(s) Attained: _____

Current Title: _____

School, Department, Division (if applicable):

_____

_____

Emory Employee ID (If you are not with Emory University, leave blank): _____

The following questions are required for NIH reporting:

Citizenship: ☐ U.S. Citizen ☐ U.S. Permanent Resident

(If "Other": Country of Citizenship _____ U.S. Visa Status_____

Sex: _____

Race/Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Black or African American ☐ Hispanic or Latino ☐ White ☐ More than one Race

Do you have any disabilities? ☐ Yes ☐ No

Indicate your expected timeline for completing the CPTS: ☐ One-Year ☐ Two-Years ☐ Other

(more on page 2)

Research Information

ORCID iD: _____

Research Area of Interest: _____

Title of Research Project *(if applicable):* _____

_____

_____

_____

Mentor Information

For any listed below, provide role, name, degree, department, division, school, and university

	Email:	
	Email:	
	Email:	
	Email:	

Applicant's Signature: