



## CerviCusco Research Program, Cusco, Peru

### CerviCusco Research Program Application

Thank you for your interest in the CerviCusco Research Program. We offer opportunities to participate in NIH-funded, Industry-funded or Investigator-initiated behavioral, clinical and translational research trials. IRB-approved studies are conducted at CerviCusco or surrounding sites in the Andes Mountains of Peru. It is a delight to consider your application.

Please complete the following application then return it by preferably uploading to our website: [www.friendsofcervicusco.org](http://www.friendsofcervicusco.org) or email it to [debra.krotish@gmail.com](mailto:debra.krotish@gmail.com).

I understand that submitting an application for the CerviCusco research program does not guarantee acceptance into the research program. Candidates must meet research program requirements. The application process may be competitive; consequently, participation is subject to availability.

**Once approved for this research program**, you will need to make certain all documentation is submitted through the online process and the administrative fee is paid within 90 days of departure.

Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

**\*All students under the age of 21 must have parental or guardian signature.**

#### **For CerviCusco Research Program Use Only:**

Travel dates \_\_\_\_/\_\_\_\_/\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_  Accept  Decline

Completed: Application \_\_\_\_ Copy of passport \_\_\_\_ Preferred Itinerary \_\_\_\_

Approved by \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_



## CerviCUSCO Research Program Application

### Personal and Academic Information

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

University Affiliation \_\_\_\_\_

Your school: Allied Health \_\_\_ Dental \_\_\_ Nursing \_\_\_ Medical \_\_\_ Other \_\_\_\_\_

Academic Level: \_\_\_ 1<sup>st</sup> year \_\_\_ 2nd year \_\_\_ 3rd year \_\_\_ 4th year \_\_\_ Master's \_\_\_ Ph.D.

GPA: \_\_\_\_\_

### Research Experience

Have you ever conducted research? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

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Have you published research papers? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please describe or list.

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Have you ever participated in a Global Health Program? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, which program? \_\_\_\_\_

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**Please tell us why you want to participate in the CerviCUSCO Research Program:**

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**Do you speak Spanish** (this will not determine whether or not you are accepted into the program)? yes \_\_\_\_\_ if yes: ( \_\_\_\_\_ fluent \_\_\_\_\_ moderately fluent \_\_\_\_\_ basic ) no \_\_\_\_\_

**What date(s) do you prefer to travel to CerviCUSCO?** \_\_\_\_\_

**Curriculum Vitae:** Please attach your **CV** to this research application.

**Application Signature:**

Applicants who are accepted to participate in the CerviCUSCO Research Program are required to complete and sign a student agreement and waiver which stipulates the terms and conditions of the research program, student conduct regulations and a waiver of liability.

I acknowledge that the information provided on this application is true and accurate to the best of my knowledge. I fully understand that providing false information during the application process may be grounds for rejecting my application or grounds for dismissal from the CerviCUSCO Research Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Name of Parent/Guardian** \_\_\_\_\_ **Signature** \_\_\_\_\_

**\*All students under the age of 21 must have parental or guardian signature.**