



## Application Form

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Degree (select all that apply):

- MD, Date earned \_\_\_\_\_
- PhD, Date earned \_\_\_\_\_
- DO, Date earned \_\_\_\_\_
- ScD, Date earned \_\_\_\_\_

Do you know the name of the mentor with whom you would like to work?

- Yes, enter name here \_\_\_\_\_
- No, we will help match you with a mentor based on your interests.

Which of the following research areas interests you most?

*(place a "1" next to the research area that interests you most, "2" next to the area that interests you second most, and "3" next to the area that interests you the least)*

\_\_\_\_\_ cancer prevention and early detection

\_\_\_\_\_ cancer diagnosis and treatment

\_\_\_\_\_ palliative care and survivorship

**Which three (3) of the following health services research areas interest you most?**

*(place a "1" next to the research area that interests you most, "2" next to the area that interests you second most, and "3" next to the area that interests you the least)*

- \_\_\_\_\_ qualitative research, survey research, and patient-reported outcomes
- \_\_\_\_\_ observational research including comparative effectiveness and pharmacoepidemiology
- \_\_\_\_\_ intervention studies
- \_\_\_\_\_ clinical informatics, mobile/electronic health and machine learning/artificial intelligence
- \_\_\_\_\_ implementation science
- \_\_\_\_\_ health policy, health economics, and decision science

**Which clinical discipline best describes your expertise or interest?**

*(select all that apply)*

- primary care
- medical oncology
- pediatric oncology
- surgical oncology
- radiation oncology
- palliative and supportive care
- psychiatry and behavioral health
- cancer genetics