

**AIDS International Training and Research Program  
Brown University/ The Miriam Hospital/  
Tufts University**

**APPLICATION**

Please complete the following application. Attach the following documents to your application:

I. A statement in English describing how you will apply your training research in HIV/AIDS in your sponsoring institution, and a brief description of 1 or 2 specific research projects you would like to undertake.

II. Complete list of your research products, organized as follows:

Published research related to AIDS

Unpublished research, reports, presentations

Other research products, ongoing projects, and other relevant experience

III. An official letter from the Dean, Director, or Chief of your sponsoring institution or agency, proposing and recommending you for the specific training for which you are applying. The letter must indicate your current employment status with the institution; your employment status upon return from the proposed training; and document that you will be in a position to carry out AIDS related research with your sponsoring institution when you return from your training.

IV. Please ask one person who is familiar with your professional work (in addition to the director/dean/chief's letter) to write a letter of recommendation.

V. A current curriculum vitae.

VI. A copy of the photo page of your passport.

Please send application and materials via email or mail to:

**Brown/Tufts/Miriam Fogarty AITRP  
164 Summit Ave- RISE 112  
Providence, RI 02906**

**Phone: 401-793-4859**

**Fax: 401-793-4704**

**Email: [ecaffrey@lifespan.org](mailto:ecaffrey@lifespan.org)**

### Biographical Information

Name Exactly as it appears on passport	
Family Name	
Given Name	
Middle/Other Name	
If married female, family name at birth	
Gender	
Marital Status	
Date of Birth – Month/Date/Year	
City of Birth	
Country of Birth	
Country of Citizenship	
Country of Permanent Residence	
Passport Number	

### Current Position

Job Title	
Division/ Department	
Institution	
Mailing address	
City	
State/Providence	
Postal Code	
Telephone (with country and city code)	
Fax (with country and city code)	
Mobile (with country and city code)	
Work email	

### Permanent Home Contact Information

Number/Street	
City	
State/Providence	
Postal Code	
Telephone	
Personal Email	

### Mailing preference for Fogarty documents

Work address	
Home address	

### Contact in case of emergency

Name	
Phone- home	
Phone-mobile	
Relationship to you	

**Educational History**

School/University	Location	Dates of Attendance	Degree/Certification Received

**Employment History**

Institution/ Location	Position	Dates of Employment	Relevant Duties

Describe your previous research experience, including the research techniques with which you have specific experience.

Sponsoring Institution

Address

Nominated by            Title

Type of training you are applying for:

**Long-term degree\***

- MPH at Brown University     MPH at Tufts University
- PhD Biostatistics at Brown     PhD Epidemiology at Brown
- PhD Health Services Research at Brown
- Masters in Clinical Research at Tufts University
- PhD in Clinical Research Tufts University
- PhD in other AIDS-related research discipline Tufts University

Indicate how the training will benefit your productivity in AIDS related research.

**or**

**Long-term/Medium-term clinical research training** (6 months- one year)

Concentration (please select one)

HIV and prevention research (Brown)  Nutrition and metabolism issues in HIV care (Tufts)

HIV in women issues (Brown)  HIV therapeutic clinical research.(Brown or Tufts)

HIV clinical virology (Brown)

HIV related pharmacology (Tufts)  Quantitative sciences in HIV research. (Brown)

Child and adolescent HIV TB/HIV (Brown)

Indicate how the training will benefit your productivity in AIDS related research.

**or**

**Short-term clinical research training or laboratory training** (less than 6 months)

Please describe the focus of your proposed training and describe how it will benefit your productivity in AIDS related research.

Please let us know the preferred start time and length of your proposed training.

Please include here any additional information may might be relevant to your application.

**\*Long-term degree applicants must apply for admittance to the graduate program of choice at Brown or Tufts. Please see the programs website for further details on the application process. Please let us know your plans as soon as possible.**

**Links to Brown graduate school and programs:**

<http://gradschool.brown.edu/go/admission>

<http://www.tufts.edu/sackler/prospStudents/admissions.html>

<http://www.tufts.edu/med/admissions/phpd/index.html>