



**Philippine Council for Health Research Development (PCHRD)
and Fondazione Italiana Fegato (FIF)**

CLINICAL RESEARCH FELLOWSHIP PROGRAM IN HEPATOLOGY

APPLICATION FORM

To apply for the program, download this application, print a copy and fill in your response. Please write your name on each page.

Attached here 1
latest passport size
photo

I. Personal Information:

Last Name : _____
 First Name : _____
 Middle Name : _____

Home Address
 Street : _____
 City/Province : _____
 ZIP : _____

Contact Information

Home telephone : _____
 Work Telephone : _____
 Mobile Number : _____
 Email Address : _____

Contact person, in case of emergency (Name, Contact Number, Address):

II. Principal Area(s) of Interest (Check all that apply)

- Clinical Research (Studies related to patients or disease processes that involve direct contact between the investigator and humans)
- Translational Research (Studies related to applying findings from basic science to studies in humans)
- Basic Science Research (Studies aimed at investigating cellular function, molecular biology and pathophysiology using human materials or experimental models)

III. Education

Education	Institution	City	Inclusive Dates	Degree Awarded
College				
Medical School Graduate				
Internship				
Residency				
Fellowship				

IV. Licensure

1. Have you ever been denied a license, permit, or privilege of taking an examination by any licensing authority?

YES

NO

2. Have you ever had a license encumbered in any way (i.e revoked, suspended, surrendered, restricted, limited, placed on probations)?

YES

NO

3. Have you ever been named in a malpractice suit?

YES

NO

If you answered "YES" to any of these questions, you must attach and sign detailed explanation.

V. Certification

Board : _____

Year Certified : _____

VI. Honors

Attach a separate page if necessary to specify honors/awards received.

VII. Personal Statement

Attach a separate page briefly outlining your interest in Hepatology. Please include description of your career goals after you complete your fellowship training.

VIII. References

Three original letters of recommendations are required.

List your reference below:

Reference # 1:	
Name	: _____
Email Add	: _____
Degree/ Rank or Title	: _____
Institution	: _____
Reference # 2:	
Name	: _____
Email Add	: _____
Degree/ Rank or Title	: _____
Institution	: _____
Reference # 3:	
Name	: _____
Email Add	: _____
Degree/ Rank or Title	: _____
Institution	: _____

IX. Application Requirements

1. **Research Proposal Description (maximum of 800 words)** *(Use additional sheet)*

The description should include an innovative idea and explain how the project will be collaborative in nature.

Criteria:

- Consistency and importance of research theme
- Quality and originality of scientific work
- Unique contributions of the candidate to collaborative (team science) research projects
- Productivity
- Independence
- Impact and stature in the field
- Evidence of contribution to education (e.g. teaching awards, evaluations, etc.)

2. **Curriculum Vitae (maximum of 2 pages)**

3. **Track Record** *(*Please include all details including all authors, title, journal, volume, year and page numbers)* *(Use additional sheet)*

- Publications in major international peer-reviewed multi-disciplinary scientific journals and/or in leading international peer-reviewed journals, peer-reviewed conferences proceedings, and/or monographs of their respective research fields (if applicable)
- Publications: original investigations of high quality with additional consideration for reviews, books, chapters or clinical observations
- Presentations to peer reviewed, national, and internationally established conferences and/or international advanced schools (if applicable)
- Prizes/Awards/memberships (if applicable)

4. **Re-entry Action Plan** *(Use additional sheet)*

The re-entry action plan must follow the outline below.

- I. Introduction (current situation, challenges, opportunities, gaps)

- II. Objectives
- III. Output (6Ps: Publication, Patent, Product, People Services, Places and Partnerships, and Policy (see attached output guide))
- IV. Outcome (Social and Economic Impact)
- V. Success indicators
- VI. Beneficiary

5. Documentary requirements

- PSA Birth Certificate
- Valid NBI Clearance
- Certificate of Employment (if employed, recommendation and permission to take a leave of absence from employer or head of agency while on scholarship/fellowship)
- Medical Certificate as to health status from a licensed physician with his/her PRC license number indicated
- Transcript of Records (certified true copy)
- Budgetary Requirements (with supporting document for basis of rates used)

SIGNATURE OVER PRINTED NAME

Application Date:

List of All Requirements:

- Accomplished Application Form with ID Picture, Honors, Personal Statement, Research Proposal, Track Record, and Re-Entry Action Plan
- Endorsement Letters
- Curriculum Vitae
- PSA Birth Certificate
- Valid NBI Clearance
- Certificate of Employment (if employed, recommendation and permission to take a leave of absence from employer or head of agency while on scholarship/fellowship)
- Medical Certificate as to health status from a licensed physician with his/her PRC license number indicated
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