

Center for Community Health Integration (CHI)
Research & Development for Community Health & Integrated, Personalized Care

CHI Student Research Block Application Requirements

All potential candidates are required to submit the following documents/information unless otherwise noted.

- Completed Application Form
- Statement of Interest/Personal Statement
- Curriculum Vitae or Resume
- Sample of Scientific Writing
- Collaborative Institutional Training Initiative (CITI) Training Certificate(s)
- Letter of recommendation (optional)

Having had communication with a CHI faculty member does not guarantee acceptance. Block availability is considered on a space-available basis and processing is the same for all students. You may include a letter of support from a faculty member with your application. Please allow a minimum of 45-60 days for your application to be reviewed by the department.

All application processing initiates with the CHI Executive Director and offers of acceptance can only be extended by the CHI Executive Director in conjunction with the CHI Center Director.

Return ALL the above documents, electronically (preferred) or via hardcopy, to:

CHI Student Research Block
11000 Cedar Ave., Suite 402
Cleveland, OH 44106-7136
CHIStudentResearch@case.edu

CHI Student Research Block Application

All students completing rotations at the Center for Community Health Integration MUST complete this application and be in good standing with the School of Medicine. Failure to comply with the program requirements and Case Western Reserve University's policies & procedures will result in the suspension of the Research Block.

Contact Information

Please Type

Date: _____
Last Name: _____ First Name _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____
Alternate Email: _____

Current Training Program:

<input type="checkbox"/> M.D	<input type="checkbox"/> Resident: _____
<input type="checkbox"/> M.P.H	<input type="checkbox"/> Fellow: _____
<input type="checkbox"/> M.D./M.P.H.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> PhD	

Research Block Request Information

Proposed Mentor: _____

Statement of Interest; Include Specific Area of Interest (use additional page if necessary):

Emergency Contact Information

Name & Relationship: _____

Contact: Phone No.: _____

How did you hear about the CHI student opportunity?

I agree to notify CHI Executive Director and my CHI Student Research Block Mentor 30 days prior to my scheduled elective dates should I be unable to participate. I understand that confirmation of acceptance into CHI Student Research Block cannot be given until the CHI Executive Director in conjunction with the CHI Center Director has notified me.

I certify that all information contained in this application is true and correct.

Signature Date

