

## Application for Admission Clinical Research / Reproductive Scientist Training (CREST) Program

Note: See separate "Information for Applicants" for complete application instructions. Send this form to CREST Program at [cwhitmer@asrm.org](mailto:cwhitmer@asrm.org). Only electronic submissions will be accepted.

1. Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred Name \_\_\_\_\_

2. Male      Female

3. Citizenship Status (check one): U.S. Citizen      U.S. Permanent Resident (green card)

4. E-mail address: \_\_\_\_\_ Cell Phone \_\_\_\_\_

5. Home Mailing Address: \_\_\_\_\_

6. Work Telephone Number: \_\_\_\_\_

7. Work Mailing Address: \_\_\_\_\_

8. Current practice setting:    Academic      Private      Private with academic affiliation  
Other (specify) \_\_\_\_\_

9. List three individuals who will supply letters of evaluation:

<u>Name</u>	<u>Position</u>	<u>Institution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Attach a comprehensive curriculum vitae and bibliography **and** a 500-word **Statement of Interest** describing your career goals and the place of the CREST program in accomplishing those goals. **Please include any of the following that apply to you in your CV:** board certification, publications while in fulltime clinical practice, medical/clinical director of clinical program ( i.e. IVF, family planning, etc.), full or adjunct academic appointment, clinical awards ( i.e. Patient's Choice Award, Compassionate Doctor Recognition, Top Doctors), division director at university or non-university hospital, Invited speaker, acknowledged expertise in relevant clinical area ( i.e. robotic surgery), Journal reviewer, high patient ratings (internet), teaching awards, work with relevant medically related non-profits, or mentor awards.

11. I hereby certify that the information given by me in this application and attached statements is complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_