

## Certificate in Clinical & Translational Science Application Supplement

Name (Last, First, Middle Initial)			
UNM Contact Information (if applicable):			
Mail Stop Code (MSC):	Work Phone:		
Salud Email:	Banner ID:		
Personal Contact Information:			
Mailing Address:			
Home/Cell Phone:	Preferred Email:		
Applications must include the following documents:			
Application fields above completed			
<ul> <li>Apply to UNM at <a href="http://www.unm.edu/apply/">http://www.unm.edu/apply/</a> and pay \$50 Application Fee</li> <li>Apply to the "GCERT Clinical and Translational Science" as Intended Field of Study</li> </ul>			
<ul> <li>Submit official transcripts from EVERY College/University attended*</li> <li>Please have official transcripts sent to:         <ul> <li>UNM Admissions</li> <li>PO Box 4895</li> <li>Albuquerque, NM 87196-4895</li> <li>* The UNM Admissions office requires transcripts from each institution you have attended and will not forward your application to our department until they are all received.</li> </ul> </li> </ul>			
Curriculum Vitae or Biographical Sketch (NIH Format)			
<ul> <li>Personal Statement outlining:         <ul> <li>Prior relevant experience (personal, educational and/or professional)</li> <li>Overall research interests and long-term research/career goals</li> <li>How your participation in this program will enable you to achieve your goals</li> <li>How this program fits into your current training/employment requirements/goals</li> </ul> </li> </ul>			
Letter of Recommendation from someone that can comment on your research experiences/goals			
<ul> <li>Letter of Support from employer (i.e. Department Chair/Program Director/Principal Investigator) that outlines their support for your participation in this program, including 50% release time for 1 year (July – June) to attend class and complete required assignments</li> </ul>			
Completed New Student Agreement Form			
o Completed Supervisor Agreement/Approval			
<ul> <li>Completed CRAI Assessment</li> </ul>			

If all materials are not received by the application deadline, the application will be considered incomplete and will not be considered.

I CERTIFY that all information provided on this application is true and accurate to the best of my knowledge, and I understand that omissions or falsifications may result in the revocation of my admission.

Applicant Signature:		Date:	
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