

COVER PAGE

**REQUESTING ACCEPTANCE INTO THE NON-CLINICAN INTRAMURAL PROGRAM
FOR BIOMEDICAL LABORATORY R&D (BLRD) SERVICE (updated 4-15-2018)**

(not to be used for Clinical, Rehabilitation or Health Service R&D)

DATE: _____

APPLICANT'S LAST NAME: _____

APPLICANT'S FIRST NAME: _____

APPLICANT'S eCOMMON ID: _____

PLACE OF BIRTH: _____

VA Location (City, State): _____

CURRENT VA APPOINTMENT (if any): _____

Is the applicant a clinician (e.g., clinical psych) who is seeking non-clinician entry? Yes No

Current salary source: Patient care Research Service

Other ; Explain: _____

Is the applicant a young investigator (within 10 years of PhD or equivalent degree) Yes No

Is the applicant affiliated with any VHA Centers (e.g., GRECC or MIRECC) Yes No

If yes, list the VHA Center(s): _____

CURRENT ACADEMIC APPOINTMENT: _____

DESCRIPTION OF RESEARCH TO BE PERFORMED: _____ Attached

PROPOSAL TITLE: _____

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*Provide a list of **current** national funding (NIH, NSF etc.) List only awards/grants on which you are PI.*

Principal Investigator's (PI's) Name: _____

Title of Application: _____

Agency and Award No: _____

Current Year Direct Cost / Total Direct Cost: _____

Start and End Dates: _____

Principal Investigator's (PI's) Name: _____

Title of Application: _____

Agency and Award No: _____

Current Year Direct Cost / Total Direct Cost: _____

Start and End Dates: _____

Please use additional sheets to list all current awards.

I certify that the above information is true and, if funded by VA, I will conduct VA-funded research in VA space.

Signature of Applicant: _____ Date: _____

I certify that to the best of my knowledge the applicant fulfills the requirements to be considered for the Non-clinician Eligibility Program and specifically meets the criteria.

Signature ACOS for R&D: _____ Date: _____

Signature Chief of Staff: _____ Date: _____

Signature Medical Center Director: _____ Date: _____