



*Institute of
Human Values in
Health Care*



Institute of Human Values
in Health Care

Application for Fellowship in Clinical & Translational Research Ethics Program

Personal Information:

Name _____

Current mailing address: (valid until _____)

(Address) (City) (State) (Zip)

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Primary E-mail _____ Alternate/Non-MUSC E-mail _____

Date of birth: _____ Gender: Male Female Undeclared
(Month/Day/Year (optional))

MUSC Affiliate: Faculty Staff Student Other _____

Degree program/ Department: _____

Position Title: _____

Non-MUSC Affiliate: Faculty Staff Student Other _____

Degree program/ College, Department/ Institution: _____

Position Title: _____

How did you hear about the CTRE Fellowship Program:

Education:

Beginning with the most current, list in chronological order ALL colleges and/or universities attended, including MUSC. If more space is required attach a separate sheet.

Name of Institution	City & State	Date of Entrance	Date of Exit	Major	CUM GPA (based on 4.0 scale)	Diploma or degree awarded

CTRE Fellow Trainee Options:

Please refer to the CTRE Fellowship webpage for more information.

Student status: Degree-seeking student Non-degree seeking

Track option: One Year Track Two Year Track

Semester	One Year Track (credit hours)	Two Year Track (credit hours)
Fall Year 1	ETH 750 (1)	ETH 750 (1)
	ETH 738 (1)	
Spring Year 1	ETH 789 (1)	ETH 789 (1)
	ETH 705 (2)	
Fall Year 2	N/A	ETH 738 (1)
Spring Year 2	N/A	ETH 705 (2)

*MCR-750 may be substituted for ETH-750; IP-738 may be substituted for ETH-738.

If you are currently enrolled or have already successfully completed one of the fellowship courses, please indicate the course number and semester enrolled/completed to receive fellowship course credit:

Personal Statement:

Why do you want to enroll in the CTRE Fellowship? How do you expect to use the knowledge you gain?
Please type response in space provided below (No more than 250 words).

Applicant Signature _____ Date _____

**Optional: You may attach a CV or resume if desired.*

Send completed application forms to Dr. Andrea Boan boan@musc.edu (843-876-1064)