

PROGRAM IN RESEARCH ETHICS
APPLICATION FORM FOR 2018

Please PRINT clearly or TYPE.

PART I: PERSONAL INFORMATION

Name (as it appears on your passport)			
<hr/>			
Family/Surname	First	Middle	
Title:			
Postal Address:			
Telephone Numbers:			
Home:	Country code:	City code:	Number:
Mobile:	Country code:	City code:	Number:
E-mail:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ____/____/____	
		Month	Day Year
Place of Birth: (city/country) _____		Citizenship: _____	

PART II: PROFESSIONAL INFORMATION

Job Title:
Position:
Institution Name:
Job Postal Address:

PART III: EDUCATIONAL BACKGROUND

Please list in chronological order all educational experiences leading to an academic degree.

College/University	City, Country	Dates Attended <small>(Mo./Yr. To Mo./Yr.)</small>	Discipline	Degree	Date Degree Earned <small>(Month/Year)</small>

PART IV: DESCRIPTION OF PRESENT WORK AND RESEARCH EXPERIENCE:

PART V: EXPERIENCE ETHICS AND RESEARCH ETHICS

Include any experience of the following type:

1. Ethics Review Committee
2. Teaching Ethics
3. Attending workshops/conferences/courses

Part VI: FUTURE ACTIVITIES IN RESEARCH ETHICS

Please describe how the program will help you in your career.

PART VII: OTHER APPLICATION MATERIALS REQUIRED

WITH YOUR APPLICATION – PLEASE ATTACH THE FOLLOWING

1. A CURRICULUM VITAE (not more than five pages)
2. Copy of your passport
3. Please have TWO individuals (one of whom holds a high position in your institution (e.g., President, Dean, Vice-Dean) send letters of recommendations to:
hsilverm@medicine.umaryland.edu

DECLARATION: I declare that this information is completely accurate and without falsifications.

Signature

Date

CLOSING DATE FOR APPLICATIONS is [January 31st 2018](#)

Application materials can be submitted by **Email to:**

Henry Silverman: hsilverm@medicine.umaryland.edu