Research Ethics Education in the Balkans and Black Sea Region
SCHOLARSHIP APPLICATION FORM

This Certificate Program is sponsored by the Icahn School of Medicine at Mount Sinai (New York) in partnership with the University of Belgrade, School of Medicine (Serbia). It is supported by NIH Research Grant # R25 TW008171 funded by the Fogarty International Center, the U.S. National Institute of Health.

Applicants must submit a completed and signed Scholarship Application Form, a current *curriculum vitae* (maximum 6 pages), and two letters of reference, including one from a Dean or Department Chair at your current institution. A Skype interview will also be required before admission to the Program.

This Research Ethics Education Program will be conducted in English. Competency in speaking, reading, and writing English is required. Access to a computer and high speed internet connection at home or at your institution is required.

Scholarships will cover tuition and books. For the first year two week on-site session, a stipend of US $400 for those residing in the Belgrade area and US $1,500 for those traveling from outside of the Belgrade area, will be provided to defray the cost of transportation and room and board. Comparable stipends will also be provided for participation during the second and third year on-site seminars.

Applications will be considered in an ongoing basis. Applications will be accepted up until Monday, January 20, 2014. Admission decisions will be sent by Monday, February 24, 2014.

Please provide all of the requested information below and answer all questions.

Name (first/middle/last)   Date of Birth (month/day/year)

Home address (street/city/state/province/country/zip code)

Work address (street/city/state/province/country/zip code)

Email address: Repeat email address:

Telephone number (daytime):   (evening)

Fax number:

Do you have high speed internet and computer access at home?   Yes   No
Do you have high speed internet and computer access at your institution?   Yes   No
If not, could access be arranged where you live or work?   Yes   No

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

TITLE/INSTITUTIONAL POSITION *(Begin with your first post-degree position. Conclude with your current position.)*

INSTITUTION AND LOCATION	YEAR(s)	TITLE/INSTITUTIONAL POSITION

Previous laboratory or clinical research experience *(Begin with your first experience, conclude with your most recent. If none, write none.)*

INSTITUTION AND LOCATION	YEAR(s)	ROLE

Previous experience with bioethics or research ethics. Include current and completed courses and service on a research ethics committee or clinical ethics committee. *(Begin with your first experience, conclude with your most recent. If none, write none.)*

INSTITUTION AND LOCATION	YEAR(s)	ROLE

Why are you interested in participating in this program and receiving advanced training in research ethics?

How do you plan to use your advanced education in research ethics? (Please describe any institutional support that will enable you to apply your research ethics education at your institution.)

Expectations of Scholarship Student in the Research Ethics Education Program

I hereby certify that the information I have submitted in this application is accurate. I authorize the release of this information to members of the Program Executive for admissions review. I shall provide additional information or verification upon request.

If granted the scholarship, I agree to attend and participate in the Program's two week Introductory Session in **Belgrade, Serbia, June 16-27, 2014**, the one week on site **Practicum in July 2015**, and the three day **Capstone session in July 2016**. I also agree to devote at least 10 hours per week to the Program's distance learning course work. In distance learning courses, I agree to participate regularly in all on-line discussions and to submit written assignments as required. I understand that all communication will be in English. I understand that failure to participate fully, or failure in more than one of the Program's required courses will result in dismissal from the program.

I have read the above and agree to the terms.

Signature_____
Print name: Date: