ADA Forsyth Institute/University of Detroit Mercy School of Dentistry
Joint Clinical Research Training Program
Clinical and Translational Research Training Application Form

Participants of ADA Forsyth Research Training Certificate (RTC) Program are eligible to apply for the Joint Clinical Research training (JCRT) Program. The JCRT Program consists of three sequential components following successful completion of the first-year (Year 1) RTC Program:

Year 2: ADA Forsyth Institute Clinical and Translational Research Certificate Program
Years 3–4: University of Detroit Mercy DDS Advanced Standing Curriculum
Years 5-6: Post-program employment commitment either at ADA Forsyth Institute or University of Detroit Mercy

Enrollment in the second-year Clinical and Translational Research Certificate Program is contingent upon the successful completion of the first-year RTC Program.

RTC trainees who are also interested in pursuing the JCRT Program must apply separately.
As part of the JCRT Program application, applicants must:

Provide confirmation of training fee payment.
Submit an updated curriculum vitae (CV).
Arrange for three letters of recommendation to be sent directly to Dr. Kazuo Imaizumi, kimaizumi@forsyth.org:

1) One letter from the applicant's ADA Forsyth Institute principal investigator (PI).
2) One letter evaluating the applicant's clinical competence.
3) One letter from the applicant's former dental school addressing the applicant's overall academic and professional performance.

Personal Information

Name

Email

Phone Number

Current PI/Laboratory for RTC Program

Start Date for RTC Program

Completion Date for RTC Program

Final Presentation Date for RTC Program

Program Information

Please explain your motivation for the clinical and translational research training (500 character limit)

Please list the research skills gained during the RTC project (750 character limit)

Have you contacted a principal investigator for the Clinical and Translational Research project phase?
If yes, please specify the PI:

Please explain your long term goals in relation to this program (500 character limit)

Financial Information

Your funding source Personal Funds

Will you be on a Visa while in the program?

Will you need visa sponsorship from AFI?

Visa type

Signatures

Signature Date

PI Name

PI Signature Date