



COLUMBIA UNIVERSITY  
MEDICAL CENTER

IRVING INSTITUTE FOR

clinical and translational research

**PERSONALIZED MEDICINE FELLOWSHIP APPLICATION**  
Irving Institute for Clinical and Translational Research  
**2014**

*Accelerating Discoveries Toward Better Health*

[irvinginstitute.columbia.edu](http://irvinginstitute.columbia.edu)

## 2015 Irving Institute Personalized Medicine Fellowship Application

The Personalized Medicine fellowship aims to create the next generation of leaders in the development and application of Personalized Medicine science and methods to improve public health. This new research fellowship in personalized medicine will train physicians/researchers to use genomics and complex clinical data to improve clinical care and clinical outcomes by tailoring prevention, screening, and medical interventions based upon individual patient characteristics. The two year program will include required didactic lectures in personalized medicine as well as coursework in systems biology, genomics, statistics, ethics, and/or medical informatics according to the applicant's background and future career goals. Applicants should ideally be clinical fellows who have completed the majority of their clinical training or post-doctoral fellows and be willing to devote 2 years to training and research in personalized medicine. Instructors or assistant professors in the first year of their faculty appointment will be considered. Fellows will receive a stipend and a modest budget for tuition and research-related expenses for a total of \$100,000/year including fringe benefits.

### ELIGIBILITY:

To be eligible, applicants must have a Ph.D., M.D., D.D.S., or comparable doctoral degree from an accredited domestic or foreign institution. Eligible doctoral degrees include, but are not limited to, the following: D.M.D., D.C., D.O., D.V.M., O.D., D.P.M., Sc.D., Eng.D., Dr. P.H., D.N.Sc., D.P.T., Pharm.D., N.D. (Doctor of Naturopathy), D.S.W., Psy.D, as well as a doctoral degree in nursing research. Two years of full-time participation are required. Applicants with prior research experience and background in genomics or informatics are especially encouraged to apply.

The applicant will need to identify a faculty sponsor and propose a research project in personalized medicine. The faculty sponsor must be a member of any department at Columbia University and will be responsible for mentoring the fellow in the execution of the research project and in learning relevant aspects of personalized medicine.

### APPLICATION DIRECTIONS:

- 1) **Complete all sections of the attached Application Form** (contact information, project title, brief synopsis, current funding sources, submitted applications, training plan, signature page)
- 2) **Prepare NIH-style research proposal** (3 page maximum excluding references) including:
  - Abstract
  - Specific Aims
  - Background
  - Significance
  - Approach
- 3) **Provide the following supporting documents:**
  - Applicant NIH biosketch
  - Sponsor's NIH biosketch and other support
  - Letter of support from the faculty sponsor detailing planned interactions with applicant
  - Letter of support from the sponsoring division chief or department chair
- 4) **Merge all documents into a single PDF and submit by 5:00p EST on Wednesday, October 1, 2014 to:** [irving.institute@columbia.edu](mailto:irving.institute@columbia.edu), with the subject heading "Personalized Medicine Fellowship Application."

**FAILURE TO FOLLOW THESE DIRECTIONS WILL RESULT IN THE PROPOSAL BEING RETURNED TO YOU, WITHOUT REVIEW. DO NOT INCLUDE APPENDICES.**

**APPLICATION DEADLINE: Wednesday, October 1, 2014 by 5:00p EST**

**PROJECT START DATE: Thursday, January 1, 2015**

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APPLICATION FORM

CONTACT INFORMATION PAGE – *Please include contact information for the fellowship applicant and sponsor.*

<b>NAME:</b>
<b>ACADEMIC TITLE:</b>
<b>DEPARTMENT:</b>
<b>LOCAL ADDRESS:</b>
<b>EMAIL ADDRESS:</b>
<b>COLUMBIA UNI (IF APPLICABLE):</b>
<b>NIH eRA Commons USER NAME:</b>
<b>TELEPHONE NUMBER:</b>
<b>SPONSOR NAME:</b>
<b>ACADEMIC TITLE:</b>
<b>HOME DEPARTMENT:</b>
<b>LOCAL ADDRESS:</b>
<b>EMAIL ADDRESS:</b>
<b>COLUMBIA UNI:</b>
<b>NIH eRA Commons USER NAME:</b>
<b>TELEPHONE NUMBER:</b>

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**PROJECT TITLE:**

**SYNOPSIS OF PROPOSAL:** (use only space provided below – minimum 11 point font)

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**ALL CURRENT SOURCES OF RESEARCH FUNDING** (include begin/end dates and total direct costs)


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<b>PENDING APPLICATIONS FOR RESEARCH FUNDING</b> (include proposed begin/end dates and total direct costs)

**TRAINING PLAN** (including relevant coursework):

**SIGNATURES OF APPROVAL**

- A.** I certify that the information presented in this proposal is, to the best of my knowledge, complete, accurate, and developed according to practices commonly accepted within the scientific community. In addition, I understand that I will be expected to meet regularly with my mentor, and accept and provide feedback.

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*Signature of Fellowship Applicant*

*Date*

- B.** I have reviewed this application and hereby take responsibility for mentoring the applicant in the execution of the research project and in learning relevant aspects of personalized medicine, should this project be funded. I recommend that this application be submitted.

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*Signature of Faculty Sponsor*

*Date*

- C.** I have reviewed this application and hereby take responsibility for ensuring that the necessary space, personnel, and facilities which are mentioned in the application pertaining to my Department will be available for this project should it be funded. I recommend that this application be submitted.

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*Signature of Sponsoring Division Chief or Department Chair*

*Date*

**REMINDERS**

**PLEASE OBTAIN LETTERS OF APPROVAL FROM FACULTY SPONSOR AND SPONSORING DIVISION CHIEF OR DEPARTMENT CHAIR.**