



## Critical Care Research Academy

Improving patient care through research

### GENERAL INFORMATION

Name:	Gender:
Current Organization:	Country:
Current Position:	Years in Practice:
Email:	

### EDUCATION

Dates	University	City/Country	Degree Received

### WORK EXPERIENCE

Duration	Organization	City/ Country	Position

### RESEARCH EXPERIENCE

Briefly describe your research experience, if any. If more space is needed, feel free to attach additional pages. *(Having research experience is not a requirement for enrollment in this program.)*

## RESEARCH INTEREST

Describe why you are interested in participating in the research academy, and what you hope to gain from the experience. (If more space is needed, feel free to attach additional pages.)

## RESEARCH IDEA

Describe research you hope to conduct during the research training program.  
(If more space is needed, feel free to attach additional pages.)

### **Specific Aims/Objectives**

### **Significance**

*(Describe why you think it is important to conduct such a study).*

## LETTER OF SUPPORT

A letter of support from the supervisor or department chair is required and should be sent to the following email: [WFICCResearchAcademy@gmail.com](mailto:WFICCResearchAcademy@gmail.com)

**DISCLAIMER & SIGNATURE**

I certify that the information provided above is accurate.

I will fulfill all requirements described below within the timeframe of the program (18 months):

- Participate in educational webinars, workshops, and any scheduled meetings.
- Actively work with my assigned mentor to develop and implement a research project, within the agreed-upon timelines.
- Complete research abstract and manuscript by the end of the program.

I understand that my inability to fulfill the requirements may result in termination from the program.

Name/ Signature:

Date: