



A.T. STILL UNIVERSITY  
&  
TRUMAN STATE UNIVERSITY



## ATSU-Still Research Institute Clinical Researcher Development Program

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### Application Guidelines:

The A.T. Still Research Institute's Clinical Researcher Development Program has two research tracks: one during the Summer and the other during the Academic year. While there is a rolling application process, the deadlines that applications must be submitted are as follows:

- Completed applications received by March 1 are selected for the following Academic Year Clinical Researcher Development Program
- Completed applications received by November 1 are selected for the following Summer Clinical Researcher Development Program

Both tracks are geared toward research experiences equivalent to approximately 200 hours, but the schedule can be set individually with the overseeing supervisor.

To be considered for this program, prior research experience is not required. However, applicants must possess or meet the following criteria to be eligible:

- Demonstrated maturity
- Community service and/or leadership experience
- Excellent computer systems skills
- Excellent communication skills (oral, written, and technological)
- Excellent work ethic
- Strong interest in science and the scientific method as a basis for critical thinking
- Strong academic record

### Application Process:

To apply for the clinical or biomedical research intern position, applicants must submit the following materials:

- Completed application (attached to this document)
- Letter of intent that addresses the following:
  - Reasons for interest in gaining experience through this internship
  - Academic/professional goals
  - Personal interest in clinical and/or biomedical research
- Up-to-Date Resume
- Two letters of recommendation. At least one letter must be from a faculty member who can speak to your academic ability. The second letter may be from another faculty member, employer, or organization that you work with for community service or leadership experience.
- Up-to-date Transcript showing most recent courses taken



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Program Term Requested: Summer [ ] Academic Year [ ]

Name Last First Middle

College Address Street Address City State Zip Code

College Telephone ( ) - Email Address

Permanent Address Street Address City State Zip Code

Cell Phone ( ) - Other Phone ( ) - home work other

Gender Male [ ] Female [ ] Birth Date \_\_\_ / \_\_\_ / \_\_\_ (Month/Date/Year)

Cumulative University Grade Point Average \_\_\_\_\_

U.S. Citizen Yes [ ] No [ ] Permanent U.S. Resident? Yes [ ] No [ ]

Were you ever the recipient of any action for unacceptable academic performance (including but not limited to academic probation or academic warning)?

Yes [ ] No [ ]

If yes, please explain:

Were you ever the recipient of any action for conduct violations by any college or school?

Yes [ ] No [ ]

If yes, please explain:

Are there any disciplinary charges pending or expected to be brought against you?

Yes [ ] No [ ]

If yes, please explain:



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**Community Service & Leadership Activities (Positions held, and length of time)**

**Research/Lab Related Activities & Experiences (Positions held, and length of time)**

**Employment Experience (Positions held, and length of time)**

**Why are you applying to the ATSU Still Research Institute Internship Program?**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**Deadlines for Applications**

- November 1 for Summer Clinical Researcher Development Program
- March 1 for Academic Year Clinical Researcher Development Program (begins in Fall semester)

**Please attach letter of intent, current resume, academic transcript, completed application form, evaluation information form, and mail by one of the above deadlines to:**

Brian Degenhardt, D.O.  
Director, Still Research Institute  
c/o Anita Franklin, Research, Grants, and Information Systems  
800 W. Jefferson St.  
Kirksville, MO 63501



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**Evaluation Information**  
To be completed by student and submitted with application

**Evaluation I**  
Advisor in Major Field

Name \_\_\_\_\_

Title \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Evaluation II**  
Life/Physical Science Professor, Employer, or Community Service Organization Advisor

Name \_\_\_\_\_

Title \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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**Please ask evaluators to mail completed evaluation forms by above deadlines to:**

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800 W. Jefferson St.  
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Evaluation I

Advisor in Major Field

Please attach letter on official letterhead. This form can be used as a reference.

I. APPLICANT INFORMATION (to be completed by applicant)

Legal Name of Applicant
Social Security Number
Permanent Address

Please Either Sign Box #1 or #2:

1. I voluntarily waive and relinquish my right of access to this evaluation.
2. I retain my right of access to this evaluation.
Applicant's Signature Date

II. EVALUATOR INFORMATION (to be completed by evaluator)

Name
Rank or Title
Address City State Zip
Telephone Evaluator Signature

III. EVALUATOR COMMENTS (to be completed by evaluator)

State nature, duration, and extent of your association with the applicant
Has applicant ever been placed on disciplinary or academic probation?
Are you familiar with how the applicant reacts in a stressful or crisis situation?
If yes, explain:
What unique strengths and/or potential for clinical or biomedical research does this applicant possess?
Please describe this applicant's work ethic.



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Please describe any weaknesses of this applicant. \_\_\_\_\_

Please give your overall impression of this applicant. \_\_\_\_\_

Please check how you would rate this applicant on the following characteristics:

Table with 6 columns: CHARACTERISTIC, OUTSTANDING, ABOVE AVERAGE, AVERAGE, BELOW AVERAGE, UNABLE TO JUDGE. Rows include: Cooperation, Communication Skills, Initiative, Study Habits, Intellectual Curiosity, Intellectual Ability, Judgment, Expression, Maturity, Personality, Reliability, Leadership, Personal Hygiene, Emotional Stability, Ethical Standards, Self-Understanding, Attitude Toward Associates, Ability to Inspire Confidence.

Do you recommend this applicant to the Clinical Researcher Development Program? Yes [ ] No [ ] Undecided [ ]

Why or why not? \_\_\_\_\_

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Evaluation II

Life/Physical Science Professor, Employer, or Community Service Organization Advisor

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Legal Name of Applicant
Social Security Number
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Please Either Sign Box #1 or #2:

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2. I retain my right of access to this evaluation.
Applicant's Signature Date

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Name
Rank or Title
Address
Telephone
Evaluator Signature

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