

Application Form

Multidisciplinary K12 Urologic Research Career Development Program (KURe)

How did you find out about the opportunity to apply for a KURe scholarship?

Dept Chair/Division Chief _____ Mentor _____ Funding Opportunities Newsletter _____

Former/current Scholar _____ Web searches _____ Direct mail from KURe program _____

Other (please specify) _____

How could we increase the visibility of this opportunity throughout all Duke Departments?

1. _____
Last or Family Name First Middle Preferred

Gender: Female
Male

2. Country of Citizenship _____

If not US citizen, type of visa you hold _____

3. Ethnic category Hispanic
 Not Hispanic
 Decline to respond

4. Racial category (select all that apply) American Indian/Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander
 Black or African American
 White
 Decline to respond

5. Departmental Affiliation _____

6. Division _____

7. School/Center/Institute _____

8. Academic Rank and Title _____

9. Position _____

10. Work Phone Number: _____ E-mail address: _____

Cell Phone Number: _____

Mailing Address: _____

Number and Street City State Zip Code

11. List in chronological order all post-secondary colleges and universities attended:

Degree or Institution Diploma Location From – Through Field of Study
include mo/year of degree

		-	
		-	
		-	
		-	
		-	

12. List in chronological order all residency, fellowship, or postdoctoral training institutions:

Institution/Location Position From – Through Field of Study
include mo/year

		-	
		-	
		-	
		-	

13. Do you have specialty boards? Yes If Yes, Specialty

No

14. eRA Commons Name

15. ORCID ID

(needed before appointment)

16. List individuals who will supply letters of recommendation/support/evaluation.

List your proposed mentor(s) **and** at least two persons knowledgeable about your prior accomplishments and suitability for this program. One letter should come from your Department Chair or Division Chief. Provide each individual with the form on the last page of this document.

Name Position Institution/Department

17. I hereby certify that the information given by me in this application and attached statements is complete and correct to the best of my knowledge.

Signature

Date

**Letter of Support/Evaluation
K12 Urologic Career Development Program (KURe)**

PLEASE FILL OUT THE FIELDS BELOW

Applicant
Name:

Last or Family Name	First	Middle
---------------------	-------	--------

Your
Name:

Last	First	Degree(s)	Academic Ranks, Position
------	-------	-----------	--------------------------

Department/Division	School	Institution
---------------------	--------	-------------

Discipline/Field of Research

The **KURe** Program would appreciate a candid statement from you concerning the applicant named above. Please fill out the information on top of this page and use the space below (or an attached letter if you prefer) to comment on the applicant's accomplishments, abilities, character and capacity for success as a candidate in this program. It would be helpful for us to know how long, and in what connection, you have known the applicant.

If the letter is being written by the applicant's Department Chair or Division Chief, the letter should indicate agreement to designate 75% (9 person months; or 50% and 6 person months for surgical specialties) of the applicant's full professional effort towards KURe related research and career development, and specify steps that will be taken to assure this protected time.

If the letter is from a mentor, then please include how you will support your mentee's career and professional development and also mention a plan for regular interactions with the applicant.

Mail to: Cindy L. Amundsen, M.D. (Program Director); Email: cindy.amundsen@duke.edu with cc to friederike.jayes@duke.edu.

