

CTMC Application Page 1/2

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Please enter the information below. After you click submit you will be taken to the second (final) page of the application.

Thank you!

First Name

* must provide value

Last Name

* must provide value

Email

* must provide value

The following questions are data that we collect at the request of the NIH. We also use these data in aggregate to evaluate our selection processes. Responses are optional. These data are not used for evaluating your application.

Please select the category or categories that best describes your race

* must provide value

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to disclose

Please select the category that best describes your ethnicity

* must provide value

- Hispanic
- Not-Hispanic
- Prefer not to disclose

[reset](#)

What is your current age ?

* must provide value

- ≤30
- 31-35
- 36-40
- 41-45
- 46-50
- >50
- Prefer not to disclose

years

[reset](#)

What is your gender?

* must provide value

- Male
- Female
- Prefer not to disclose
- Other

[reset](#)

Submit

CTMC Application Page 2/2


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Please enter the required information in the fields below.

Please be sure to include your PDF of your application.

After you hit submit, you application will be submitted.

Thank you!

What is your current institution? <small>* must provide value</small>	<input type="text"/>
Is institution outside the US? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
What is your current academic rank or position?	<input type="radio"/> Graduate or Medical Student <input type="radio"/> Resident <input type="radio"/> Post-doctoral researcher <input type="radio"/> Fellow <input type="radio"/> Lecturer/Instructor <input type="radio"/> Assistant Professor <input type="radio"/> Associate Professor <input type="radio"/> Professor <input type="radio"/> Other reset
What academic department/ division are you primarily appointed in? (Example: Department of Emergency Medicine, Department of Neurology, Department of Surgery/Section of Trauma Surgery, etc.) <small>* must provide value</small>	<input type="text" value=""/>
If you have a sub-specialty (i.e. vascular neurology, neuroradiology, neuropsychology) please add it here. Current fellows should indicate sub-specialty here. <small>* must provide value</small>	<input type="text" value=""/>
When do you intend to submit the grant associated with the project you are developing? <small>* must provide value</small>	<input type="radio"/> Have already submitted once <input type="radio"/> In the next 1-3 months <input type="radio"/> In the next 3-6 months <input type="radio"/> In the next 6-12 months <input type="radio"/> Over 12 months from now <input type="radio"/> Never, I don't plan to submit a grant reset
What is the deadline for submission for your intended grant mechanism (optional)	<input type="text" value=""/>  Today D-M-Y
Mentor Last Name <small>* must provide value</small>	<input type="text"/>

Mentor First Name <small>* must provide value</small>	<input type="text"/>
Mentor Degrees	<input type="text"/>
Mentor Email <small>* must provide value</small>	<input type="text"/>
Mentor Academic Title <small>* must provide value</small>	<input type="text"/>
Mentor Department <small>* must provide value</small>	<input type="text" value="▼"/>
Mentor Division / Subspecialty <small>* must provide value</small>	<input type="text" value="▼"/>
Mentor Institution <small>* must provide value</small>	<input type="text"/>
Do you plan on seeking materials from a for-profit company to conduct the trial (pharma/device/etc.)? (This is definitely allowed; however, many applicants have previously underestimated the time to negotiate and overestimated the willingness of such firms to donate materials). <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Is your site a SIREN Network Award Hub (with infrastructure funding from NINDS)? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Is your site a regional coordinating center in StrokeNET? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Is your site a NeuroNEXT enrolling site with infrastructure funding from NINDS? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Do you anticipate changing institutions over the next two years? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Does this application represent a team application? <small>* must provide value</small>	<input type="radio"/> Yes <input type="radio"/> No reset
Project Title <small>* must provide value</small>	<input type="text"/> Expand

Disease area under study

* must provide value

Is this a revised application?

* must provide value

Yes

No

[reset](#)

Please upload application

* must provide value

 [Upload document](#)

Submit