



**FACULTY DEVELOPMENT FELLOWSHIP  
BRONX CENTER TO REDUCE & ELIMINATE  
ETHNIC & RACIAL HEALTH DISPARITIES  
(Bronx CREED)**



**Instructions:** Please complete the application below and attach a copy of your CV. Send completed application with supporting documents to Hope Spano, HCOE Administrator, 1300 Morris Park Avenue, Mazer 438, Bronx, NY 10461 by March 1, 2011.

Name: \_\_\_\_\_  
Last (include Jr., Sr., etc.) Middle First Degree(s)

**Contact Information: (please check preferred way of communication)**

Office E-Mail Address:

Home E-Mail:

Office Phone:

Cell:

Work Mailing Address

Home Address:

**Institutional Information**

Institution:

Departmental Chair:

Division Chief (if applicable)

Present Position:

Academic Rank:

Administrator Name:

Telephone Number:

E-mail Address:

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**Departmental Chair Information**

Chair's Name:

\_\_\_\_\_

Last (include Jr., Sr., etc.)	Middle	First	Degree(s)
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Chair's Institution: \_\_\_\_\_

Chair's Address: \_\_\_\_\_

Chair's E-mail: \_\_\_\_\_

Chair's Phone Number: \_\_\_\_\_

**Division Chief Information (if applicable)**

Division Chief's Name:

\_\_\_\_\_

Last (include Jr., Sr., etc.)	Middle	First	Degree(s)
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Division Chief's Institution: \_\_\_\_\_

Division Chief's Address: \_\_\_\_\_

Division Chief's E-mail: \_\_\_\_\_

Division Chief's Phone Number: \_\_\_\_\_

**Mentor Information**

Mentor's Name:

\_\_\_\_\_

Last (include Jr., Sr., etc.)	Middle	First	Degree(s)
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Mentor's Institution: \_\_\_\_\_

Mentor's Address: \_\_\_\_\_

Mentor's E-mail: \_\_\_\_\_

Mentor's Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

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**Project Summary (Limit to space below)**

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**Personal essay (interest in our mission, etc.)**

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**Research Project Environment**

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Facilities: Indicate the facilities available for the applicant's use and briefly indicate their capacities, relative proximity and extent of availability for applicant's use. Under the following headings, describe facilities available if applicable: laboratory space, major equipment pertinent to project, clinical, animal, computer, and office. Use "other" to describe the facilities at any alternate or secondary research sites or field study sites pertinent to the applicant's research.

a. Lab space:

b. Major equipment:

c. Clinical:

d. Computer:

e. Office:

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**BxCREED Fellowship Check List**

- BxCREED Application
  - Contact Information – this includes applicant’s information, mentor’s, chairs’ and divisional chief’s information
  - Project Summary
  - Personal Essay
  - Support Infra-Structure and Project Environment
  
- Applicant’s CV
  
- Mentor’s Recommendation Letter (Should include information on time commitment and nature of guidance/support that will occur during the 2 years.)
  
- Mentor’s CV or Biosketch
  
- Chair’s/ Division Chief’s Letter of Support (One letter from either Chair or Division Chief is required but you may submit from both. This letter should include a statement acknowledging that if you receive this fellowship that 50% of your time will be protected.)
  
- Copy of your CRTP Application

If you have any questions or concerns, please feel free to contact Janice Barnhart, MD, MS [janice.barnhart@einstein.yu.edu](mailto:janice.barnhart@einstein.yu.edu) or Hope Spano 718-430-2792 or [hope.spano@einstein.yu.edu](mailto:hope.spano@einstein.yu.edu)