DEPARTMENT OF VETERANS AFFAIRS

Veterans Health Administration

**VISN 21 Sierra Pacific Network**

**EARLY CAREER AWARD PROGRAM (ECAP)**

**2022 APPLICANT INFORMATION FORM**

**Principal Investigator (Last name, first name)**

**Preferred Contact Information**

Email (include VA email)       Phone

**Institution(s) where conferred:**

**Degree(s) (MD, PhD, or equiv)**

**Calendar Year(s)**

**Do you have a VA employment with 5/8ths or more?**

Yes:      /8ths and VA medical center, city:

No, but I will be      /8ths starting on date (mo/day/year):

No

**I have had a Career Development Award or Investigator initiated research award.**

No  Yes, Type and End date of such award(s)

**Applying as:**  Clinician (ie, with clinical privileges), and specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-clinician, and specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**US Citizen**:  Yes  No

**Academic Affiliation (Institution), if applicable**

**Academic Rank / Title, if applicable**

**List all Affiliations (VA and/or Academic affiliate) of Applicant, Primary Mentor, and all other members of proposed Mentor Team.**

**Type of Proposed Mentored Research**

Pre-clinical, basic science  Clinical  Health services  Other:

**Research Field** (e.g. clinical psychology, nephrology, immunology, genomics,)

**Project Title and 2-3 sentence description of proposed research.**

**In 2-3 sentences, specify the involvement of Veterans and all primary and, if any, secondary institutions where the proposed research will be conducted.**

**I have my VA Medical Director’s and Service Chief’s institutional commitment of 1) remaining salary support and 2) at least 75% VA time for research, in support of a future at VA in VA research, should I be awarded with the VISN21 ECAP.**

Yes: Salary support of       /8ths. VISN21 VA ‘home’ Facility

No, I do not have commitment from or for the following (explanation):

**Evidence of scholarly work and/or original research experience (original, peer-reviewed publications) within the last 5 years**

None

Yes. Provide here reference list of peer-reviewed publications within the last 5 years.

**Names/Affiliation/Title of 2 References who have provided Reference letters.**

**Do you have a career mentor, who is not your direct Supervisor and is not a research mentor?**

Yes  No

Thank you for your Applicant Information Form. Please combine and submit to your home VAMC’s R&D Office this Completed form with your Research Proposal into a single PDF full application, named: **ECAP22APPL\_ *last name\_first name\_yourVAMC.pdf***. See RFA Application Instructions for detailed information.