

HENRY FORD HEALTH

MEDICAL STUDENT RESEARCH APPLICATION

Thank you for your interest in research at Henry Ford Health. Henry Ford Health provides opportunities for students to participate in research under the sponsorship and supervision of a faculty mentor. The faculty mentor is solely responsible for the research experience, which does not include access to any clinical or academic opportunities, unless directly related to the research project (MEP 003). Please complete the document below and send to ume@hfhs.org along with your current CV. Please note the following:

- We only accept applications from current students enrolled in medical schools in the United States.
- If you are a WSU-SOM student enrolled in a research elective, please do **NOT** use this form. Instead, contact your school for further direction.
- If you are a WSU-SOM, MSU-CHM, or MSU-COM student based in Detroit, please do **NOT** use this form. Contact ume@hfhs.org if you need assistance.
- All research through Undergraduate Medical Education is voluntary and unpaid.
- Research placements are based on availability and NOT guaranteed.
- Students will be notified of acceptance through email. Medical students may not participate in unpaid research at Henry Ford Health without the approval of the Undergraduate Medical Education Office.

We process research applications two times during the year:

Due Date	Review Window	Notification Date
February 1	March	April 1
September 1	October	November 1

Name: _____

Anticipated Graduation Year: _____

Address: _____

Phone Number: _____

College E-mail: _____

Medical School and Location: _____

Are you a part of a special program? If so, please list the program name and contact person.

Program Name: _____

Program Contact: _____

Has a physician(s) already agreed to work with you? YES NO

If yes, please complete the information below:

Physician Name(s): _____

Location: _____

Email: _____

Please list your top area of interest:

In addition to this area of interest, would you also be interested in working on academic/educational research? YES NO

Please provide the timeline you will be available to participate in research:

Month/Year _____ to Month/Year _____

Circle the days you are available and list times:

- | | |
|---|--|
| <input type="checkbox"/> Monday: _____ | <input type="checkbox"/> Friday: _____ |
| <input type="checkbox"/> Tuesday: _____ | <input type="checkbox"/> Saturday: _____ |
| <input type="checkbox"/> Wednesday: _____ | <input type="checkbox"/> Sunday: _____ |
| <input type="checkbox"/> Thursday: _____ | |

Please provide a short description of your research experiences:
