



# KL2 Mentored Career Development Program Application Center for Clinical and Translational Science (CCaTS)

## Education Resources

### Application Instructions

Thank you for considering the CCaTS KL2 program for your training. This instruction sheet will help you understand the application process. Use this form as a checklist when preparing your application. *Only typed applications will be accepted.* Before applying, review the eligibility requirements on our [website](#) and ensure you meet the minimum criteria.

Applications must include:

**1. A completed application form.**

(notarized copy of Permanent Resident Card, if applicable)

**2. A curriculum vitae following the NIH Biosketch format.**

Sample and form available online at

[grants1.nih.gov/grants/funding/phs398/phs398.html](https://grants1.nih.gov/grants/funding/phs398/phs398.html)

**3. A personal career development plan (maximum of 2 pages) addressing the following:**

- Brief summary of your career path to date, including training in clinical or other research and a description of your current research interests.
- Your overall career goals both short and long term, including your plan to incorporate a multidisciplinary approach in your career.
- The training you are seeking and how the training provided by the program will help you achieve these goals. Include how it will add any existing training and experiences with clinical research.

**4. Initial Mentoring Agreement**

[www.mayo.edu/pmts/mc1400-mc1499/mc1499-19.pdf](http://www.mayo.edu/pmts/mc1400-mc1499/mc1499-19.pdf)

**5. Title and description of your proposed research practicum experience (maximum of 7 pages including references).**

Include specific aims (1/2 to 1 page), background and significance (1 to 2 pages) and an outline of possible research methods with appropriate literature citations. It is recognized that some applicants may not have yet fully developed a research project (training provided by the program is designed to help you do so), but this description should provide sufficient information for the Advisory Committee to determine whether the proposed research project will provide an adequate training experience.

### Letters of recommendation addressed to CCaTS KL2 Program Review Committee

**6. Proposed primary mentor** – Include the mentor's assessment of the candidate's qualifications, in particular motivation and potential for future success. Indicate the mentor's qualifications, including experience in providing similar mentorship and research expertise. The letter should also indicate how often meetings will occur with the candidate and that adequate space, facilities and resources will be made available for the successful completion of the research project. If the practicum experience is to also include involvement in an ongoing research project sponsored by the mentor, a full description of that project should be provided, including description of the specific role of the

candidate in this project and how this experience will lead the candidate to become an independently funded investigator.

**Attach the NIH biosketch and the mentee training record of the mentor if not already included in the biosketch.**

- 7. Proposed co-mentor** – The co-mentor must be in a different discipline than the primary mentor. Include the co-mentor's assessment of the candidate's qualifications, in particular motivation and potential for future success. Also indicate the co-mentor's qualifications, including experience in providing similar mentorship and research expertise. **(Attach the NIH biosketch, and the mentee training record of the co-mentor if not already included in the biosketch.)**
- 8. Candidate's division/department chair** – Include the willingness of the division or department to provide an administrative appointment to the successful candidate. This must specifically state that at least 75% of the candidate's time will be protected for coursework and research, should the candidate be selected for the program. Candidates involved in highly procedural specialties, such as surgery, may propose a 50% time commitment, but strong justification for this level of effort must be supplied. The letter should identify the appointment type the candidate will have in this department during the award period and also comment on plans for the further career development of the candidate (including research space and other resources) after the period of the Scholar award. Also address the candidate's motivation and likelihood to become an independent investigator. **Note:** Applicants that have appointments in the research temporary professional to consultant path (research fellows, senior research fellows, or research associates) may apply if their department chair will support an application to at least an AC position in the event the KL2 funding is awarded. This support should be noted in this recommendation letter for applicants falling into this category.
- 9. Faculty member** – Someone thoroughly familiar with the candidate's clinical and research related activities. Include the writer's opinion of the candidate's professional, academic and personal qualifications, as well as opinion of candidate's potential for success in the field for which he/she is applying.
- 10. Financial Effect Analysis (FEA)** – Contact your research administrator/research finance accountant to prepare the FEA based on your appointment at the start of the grant. Include the Mayo research administrator and division/department chair signatures stating financial analysis has been completed and they are both aware of the financial impact, if any, to the division/department.

### Application Packet Deadline: October 1

Submit application packet via email to [ccatseducprog@mayo.edu](mailto:ccatseducprog@mayo.edu)

For further information, email [CCaTS Education Resources](#) or call **507-293-0902**



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### Personal Information

Applicant Name <i>(First, Middle, Last)</i>			Degree
Current Home Address			
City	State or Province	ZIP or Postal Code	Country
Home Phone	Work Phone	Email	Permanent Email (if available)
Permanent Address (parent or relative through whom you can always be contacted)			
City	State or Province	ZIP or Postal Code	Country
Phone	Have you previously applied for this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, year:		
<b>Current Administrative Appointment</b>		<b>Current Academic Appointment</b>	
Department/Division:		<input type="checkbox"/> Instructor of:	
<input type="checkbox"/> Clinical/Research Fellow		<input type="checkbox"/> Assistant Professor of:	
<input type="checkbox"/> Research Associate		<input type="checkbox"/> Associate Professor of:	
<input type="checkbox"/> Associate Consultant		<input type="checkbox"/> Professor of:	
<input type="checkbox"/> Senior Associate Consultant/Tenure-track Faculty		<input type="checkbox"/> No current academic appointment	
<input type="checkbox"/> Consultant/Tenured Faculty			
<input type="checkbox"/> Other; indicate:			

### Education

Institution Name, Location	Training Dates	Degree(s) Earned	Major/Minor Fields of Study
Institution Name, Location	Training Dates	Degree(s) Earned	Major/Minor Fields of Study
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Institution Name, Location	Training Dates	Degree(s) Earned	Major/Minor Fields of Study

### Equal Opportunity/Affirmative Action *(optional section)*

The Mayo Clinic College of Medicine is committed to a policy of equal opportunity and affirmative action in the appointment process. We request that you describe yourself by checking the appropriate boxes below.

Citizenship (check one)		Sex
<input type="checkbox"/> U.S. Citizen or U.S. Noncitizen National		<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Permanent U.S. Resident; attach Notarized copy of your Green Card		
Race/Ethnicity: Are you Hispanic (or Latino?) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intentionally withheld		
Racial Background	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> White	<input type="checkbox"/> More than one race
Do you have a disability? Disability: A physical or mental impairment that substantially limits one or more major life activities. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to provide		
If you have a disability, which of the following describes your disability? Check all that apply. <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Mobility/Orthopedic impairment <input type="checkbox"/> Other; specify:		
Are you from a disadvantaged background? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to provide		

***KL2 Mentored Career Development Program Application***  
***Center for Clinical and Translational Science (CCaTS)*** (continued)

**Work Experience**

Dates (provide month and year) From:  To:	Description
Dates (provide month and year) From:  To:	Description
Dates (provide month and year) From:  To:	Description
Dates (provide month and year) From:  To:	Description

**Board Certifications**

Board Certified In	Date (mm-dd-yyyy)
Board Certified In	Date (mm-dd-yyyy)

**Letters of Recommendation (Four letters are required.)**

List below the **name and department/division** of your primary research mentor, co-mentor, department/division chair, and a faculty member writing letters of recommendation.

<b>Primary Mentor Name</b>	Department/Division	<b>Department/Division Chair</b>
<b>Co-Mentor Name</b>	Department/Division	<b>Faculty Member Name</b>

**Applicant Certification**

Beginning July 1, I am requesting funded time of:  
 100%     75%     50% (procedural specialties only)

I am requesting \_\_\_\_\_ years of funding to end on (indicate end date):

**I certify all the information I have provided is complete and accurate.**

Applicant Signature ▶	Date (mm-dd-yyyy)
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Digital/typed signatures are acceptable.