



Stony Brook **Medicine**

Application to the Scholarly Concentrations Program



Home - Medical Students - Windows Internet Explorer

https://cbase.sunyusb.edu/cbase2/student/home/index.cfm

Home - Medical Students

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Home Profile Courses Documents Registration Feedback and Assessments Resources

Cbase2 CURRICULUM DATABASE
Stony Brook Medicine

Please remember that your Stony Brook email account is the official means of communication between the Medical School and You. Be sure to check it frequently.

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View Details of a Scholarly Program Application Request - Windows Internet Explorer

https://cbase.som.sunysb.edu/cbase2/student/documents/scholarly_program/index.cfm

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Release Information MSPE Excused Absence Health Update **S.C.P.**

[Add Application](#)

Your Scholarly Concentrations Program Application

| Submission Date | Mentor Name | Title | Mentor Approval Status | Mentor Approval Date | Final Approval Status | Approval Date | |
|-----------------|--------------|-------|------------------------|----------------------|-----------------------|---------------|----------------------|
| 11/16/2015 | Howard Fleit | test2 | | | | | View |
| 10/14/2015 | Howard Fleit | Demo1 | Approved | 10/14/2015 | | | View |

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Scholarly Concentrations Program Common Application - Windows Internet Explorer

https://cbase.som.sunysb.edu/cbase2/student/documents/scholarly_program/edit_scholarly_form.cfm

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Scholarly Concentrations Program Common Application

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Scholarly Concentrations Program Common Application

Please check the Scholarly Concentration Program to which you are applying:

- Research (Basic, Translational & Clinical Research)
- Global Health (also complete supplemental form S1)
- Medical Humanities & Ethics
- Medical Education

To students: Please complete all sections in the application below. Deadline for application into the Scholarly Concentrations Program is **March 31 of your first year**. For support/questions, please contact ann.dowsey@stonybrook.edu (444-9547), rhonda.kearns@stonybrook.edu (444-1025), or saroline.lazzaruolo@stonybrook.edu (638-2005) in the Office of Undergraduate Medical Education.

I. Student Name: Barcomb, Timothy II. Expected Year of Graduation: 2007

III. SBU Faculty Mentor: --- Choose your Mentor ---
If you can not find your mentor's name from the list, please enter his/her fullname, email address, etc in the text box below.

IV. Proposal Title

V. Proposal (please describe your research project below). Be certain to indicate specific hypothesis, methodology, means of data collection and analysis. What is the background, importance and/or rationale of your project? What is the history or intellectual context of the issue, and how will your work amplify it? Note: in the situation that the number of applicants exceeds the available funding, applicants will be ranked based on the quality of their proposal, and funding will be distributed according to the ranking.)

Upload a Proposal (PDF Only): Browse...

Upload

VI. Please describe your reasons for entering the Scholarly Concentrations Program (500 words max):

Done

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Scholarly Concentrations Program Common Application - Windows Internet Explorer

https://cbase.som.sunysb.edu/cbase2/student/documents/scholarly_program/edit_scholarly_form.dfm

Scholarly Concentrations Program Common Application

Upload

VI. Please describe your reasons for entering the Scholarly Concentrations Program (500 words max):

VI. Background and Career Goals (please describe your previous experience in your respective field -- research, humanities, international work, etc. What are your tentative career goals, and how will this project fit in with furthering them? Note: Previous experience is not required for acceptance into the concentration. 300 words max)

VIII. Timeline (please provide a rough timeline for the course of your time in the Scholarly Concentrations Program. Please include several milestones and dates for achieving them, including specifics for your first summer.)

IX. Special Needs (please describe any additional resources or equipment you may need- computer programs, laboratory, library, people, etc. If resources are not readily available at Stony Brook, how do you intend on attaining them?)

X. Lay person's summary (250 words max)

XI. Description of student's specific role in the project

*** Will IRB approval be required for your project? (Note that IRB approval may take up to 4-6 months. Start early!)

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Scholarly Concentrations Program Common Application - Windows Internet Explorer

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Scholarly Concentrations Program Common Application

VIII. Timeline (please provide a rough timeline for the course of your time in the Scholarly Concentrations Program. Please include several milestones and dates for achieving them, including specifics for your first summer.)

IX. Special Needs (please describe any additional resources or equipment you may need- computer programs, laboratory, library, people, etc. If resources are not readily available at Stony Brook, how do you intend on attaining them?)

X. Lay person's summary (250 words max)

XI. Description of student's specific role in the project

XII. Will IRB approval be required for your project? (Note that IRB approval may take up to 4-6 months. Start early!)

Yes No

XIII. Are you IRB approved at Stony Brook? Yes No

IRB Date Approved:

Check this box if you are satisfied with your answers to this application, and then press "Save" to submit it. After that you cannot modify this form any further.

Save Cancel

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Scholarly Concentrations Program Common Application

No special needs

X. Lay person's summary (no more than 250 words)

Demo summary

XI. Description of student's specific role in the project

Demo my role

XII. Will IRB approval be required for your project? (Note that IRB approval may take up to 4-6 months. Start early!)

Yes

XIII. Are you IRB approved at Stony Brook? No Yes

IRB Date Approved: _____

Mentor's Section:

1. Is funding available to support the stipend for this student, either from the investigator or the investigators department?

2. Mentor's Bio-sketch

3. Faculty Mentor Statement of Support

I, Dr. Howard Fleit approve and understand that I am obligated to support the project, verify time spent, and to be certain that the student has appropriate training, as prescribed by the University, HIPAA, Right to Know, Use of Human Subjects (CORIHS), Animal Use, and Use of Radioactive Substances as appropriate. I agree to be present (or to send a suitable surrogate) at the annual poster session/Research Day in early May of this student's 4th year.

Signature: _____

Date: _____

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