

QUESTIONNAIRE FOR NEURONEXT TRAINEE CANDIDATES

Please answer all questions and return your completed questionnaire **by e-mail to** <u>jt617@cumc.columbia.edu</u>. If you have problems doing so or have any questions, please contact Joyce Ann Moran at 212-305-8367.

Date o	uestionnaire com	pleted:	

Name: _____

Title:	

Institution:			

- 1. Explain, in one paragraph, why you would like to become a NeuroNEXT Trainee:
- 2. What is your field/area of interest?
- 3. Briefly describe your clinical research experience.
- 4. What would you like to learn/hope to accomplish during your fellowship year?
- 5. Do you have any interest or experience with gene therapy/ASO's? If so, please explain.

6. In the past 5 years, what clinical research studies have you been involved in? (Duplicate the table below for each study and complete all information.)

Name of Study	
Industry, Foundation, NIH	
Disease entity	
Drug/device/procedure studied	
Blinded vs. Open-label	
Single vs. Multi-site	
# of subjects enrolled at	
site/study-wide	
Length of involvement in	
the study	
Title/Role in the study and	
the tasks you were	
involved with	