QUESTIONNAIRE FOR NEURONEXT TRAINEE CANDIDATES

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

Date questionnaire completed: _______________________
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.
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.)

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