

**Medical Research Foundation Committee of Oregon
Early Clinical Investigator Application
Applicant Qualifications Form**

This form is to be completed by the mentor of an applicant for the MRF Early Clinical Investigator Award **along with mentor's biosketch and a letter** commenting on applicant's qualifications and career plans. Please see MRF award guidelines for further instructions.

Applicant's Name: _____

Applicant's Title: _____

Sponsoring Department/Institute: _____

Compare the applicants with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores, from 1 (best) to 5 (poorest).

- 1 = Comparable to the best individual in a current class or research laboratory (upper 5%)
- 2 = Upper 6 to 20%
- 3 = Upper 21 to 40%
- 4 = Middle 41 to 60%
- 5 = Lower 40%

Rate every category; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

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| _____ Research Ability and Potential | _____ Originality |
| _____ Written and Verbal Communications | _____ Accuracy |
| _____ Perseverance in Pursuing Goals | _____ Scientific Background |
| _____ Self-Reliability and Independence | _____ Familiarity with Research Literature |
| _____ Clinical Proficiency (if relevant) | _____ Ability to Organize Scientific Data |
| _____ Laboratory Skills and Techniques | |

Optional: Comment on the above items, including other areas as appropriate.

Submitted by:

Name of Mentor: _____ Date: _____

Title: _____

Phone: _____ Email: _____