

# IASLC International Mentorship Program

## Application

1. Name – Last/Family, First/Given	
2. Degree	<input type="checkbox"/> MD, PhD or equivalent <input type="checkbox"/> MD or equivalent <input type="checkbox"/> PhD or equivalent <input type="checkbox"/> Other, List
3. Date of Birth	(MM/DD/YYYY)
4. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
5. Passport Number (required)	
6. Passport Expiration Date	(MM/DD/YYYY)
7. Nationality / Citizenship	
8. Do you have a US Visa? If yes, when does it expire?	<input type="checkbox"/> Yes <input type="checkbox"/> No (MM/DD/YYYY)
9. Please select one that best describes your current primary position.	<input type="checkbox"/> Clinical <input type="checkbox"/> Research
10. What is your primary specialty?	<input type="checkbox"/> Medical Oncology <input type="checkbox"/> Radiation Oncology/ Diagnostic Radiation <input type="checkbox"/> Surgical Oncology/Thoracic Surgery <input type="checkbox"/> Pathology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Basic Sciences / Cancer Research <input type="checkbox"/> Other, List
11. What is your level of English proficiency?	<input type="checkbox"/> Fluent <input type="checkbox"/> Moderate <input type="checkbox"/> Limited

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12. Do you currently have research funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Attended other WCLC in the past?	<input type="checkbox"/> Yes, List Years <input type="checkbox"/> No
14. Abstract number	
15. Abstract title	
16. How did you hear about this program?	<input type="checkbox"/> IASLC Website <input type="checkbox"/> IASLC Newsletter <input type="checkbox"/> IASLC WCLC Announcement <input type="checkbox"/> IASLC Member <input type="checkbox"/> Other, List

## Biographical Sketch

<b>NAME – Last/Family, First/Given</b>		<b>POSITION TITLE</b>	
<b>INSTITUTION</b>			
<b>EDUCATION / TRAINING</b> <i>(Begin with baccalaureate or other initial professional education,</i>			
<b>INSTITUTION AND LOCATION</b>	<b>DEGREE</b>	<b>YEAR(s)</b>	<b>FIELD OF STUDY</b>

**A. Work Information & Awards.** List in chronological order previous institutions where you have worked, your title/position, and start and end dates, concluding with your current position. Include any professional awards you have received.

**B. Selected publications (in chronological order).** For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference.

**C. Research Support.** List selected ongoing, completed (during the last three years), and pending research projects (public and private support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project.

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**D. Other Scientific Activities.** List conferences at which you have presented research results, lectured, moderated, etc.

**E. Other Professional Activities.** List the professional societies you belong to, positions you currently hold (or held in the past) with organizations, etc.

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## **Abstract Submitted to WCLC**

**(Please copy and paste abstract below. Include all authors and affiliations)**

## **Summary of Scientific and Clinical Interests**

**(maximum 300 words)**

## **Personal Statement**

**(Describe your career goals and how this award will help reach those goals)**

**(maximum 300 words)**

## **Two Letters of Recommendation**

**(Please attach the letters to this application. It is preferred that at least one letter is from an IASLC member)**