### **A person in a lab coat Description automatically generated**VANDERBILT ANESTHESIOLOGY

SUMMER RESEARCH PROGRAM

**Vanderbilt Anesthesiology Summer Research Program Application 2025**

# *\*This is a fillable Word document. When a field is selected for data entry, it will be highlighted. Please fill in and save your completed form before sending. All fields MUST be completed.*

# Section I: Application Checklist

☐Completed Section II and III

☐Curriculum Vitae

☐*Official* University/School Transcript – directly from your institution

☐ Two letters of recommendation

* Please submit names and current email addresses for 2 individuals that you have asked to serve as references.
* At least one letter of recommendation must be submitted from a current or recent professor who is familiar with your interest in research. If you have previous research experience, it is strongly advised that a research mentor submits a letter of recommendation.

☐ Headshot (jpeg format). Most scholars share a headshot from their medical school, but you are welcome to share a picture of your choosing. If accepted, headshots are used for annual scholar composites and spotlights.

***Important Dates:***

Submission Deadline: January 2, 2025

Notice of Acceptance: February 1, 2025

2025 Session Dates: June 2- July 25

\*Unfortunately, these dates are not negotiable. Scholars must be present the full 8 weeks of the program.

*Eligibility*

To be eligible to participate in the summer research program, applicants must:

* Have an interest in pursuing anesthesiology as a specialty
* Have an interest in pursuing research as a career pathway. A primary focus of the program is to inspire the next generation of physician-scientists.
* Be available to attend the entire summer session.
* Be a U.S. Citizen
* Have a current social security number for employment purposes.

\*Please note that high school students are not eligible.

\*Only complete applications will be reviewed.

VUMC values diversity, inclusivity, and equity throughout the institution and we encourage applicants who also share these values to apply. Our mission is to create an environment where scholars from any-and-all backgrounds feel respected, supported, and valued. We believe that creating a psychological safe environment allows for connections to flourish and nourishes understanding, creativity, and discovery, thus optimizing personal and professional growth.

Please note: If you are selected to participate in the program, the following will be required:

1. Proof of immunization records
2. Background check
3. Emergency contact information

# Section II: General Information

**Name (last, first):** Click here to enter text.

**Date of Birth (month/date/year):**

**Gender:**

Female: ☐Male: ☐ Other: ☐

**Local Address:**

Street Address:

City: State: Zip Code:

**Permanent Address:**

Street Address:

City: State: Zip Code:

**Local Phone:**  **Cell Phone: Home Phone:**

**Email:**

**Trainee Classification (Indicate year of study in space provided, i.e., freshman, 3rd year, etc.)**

☐ Undergraduate Student

Year of Study:

☐ College Graduate

☐Graduate Student- Masters, PhD

☐ Medical Student

Year of Study:

**Name and location of current institution:**

**What date do classes resume for Fall 2025?**

**Does your home institution have a Department of Anesthesiology?**

**Does your home institution provide exposure to stimulation labs?**

**Undergraduate Major**: **GPA:**

**Aspiration of highest educational degree:**

☐ Bachelor’s Degree

☐ Master’s Degree

☐ PhD

☐ MD

☐ Other

**My career goal:**

# Section III: Short Answers

Please respond to each question in 250 words or less.

1. Describe your past community service, leadership, and/or research experiences.

1. How does participation in the Vanderbilt Anesthesiology Summer Research Program fit with your short-term and long-term academic goals? Please be specific.

1. List any programming skills and/or experience with statistical software packages (SAS, SPSS, STATA, Matlab, etc.).
2. List any laboratory or clinical research skills and experience.

*Acknowledgement*

By my signature, I acknowledge that the information contained in this application is true and accurate to the best of my knowledge and agree to being contacted in the future.

Signature (type if submitting electronically, sign if submitting paper copy:   
  
Date:

Complete applications are due by ***January 2, 2025. Applications and required documents may be submitted by email, fax or mail, but must be received by the deadline.***

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