

2024 CCIS Application Form

Deadline for submissions is Thursday, December 8, 2022 at 6PM ET. An asterisk (*) indicates required information.

OMB No. 0925-0740
Expiration Date: 09/30/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0740). Do not return the completed form to this address.

First Name

Your answer

Last Name

Your answer

Title

Your answer

Institution

Your answer

Degree(s) (PhD, ScD, MD, DrPH, PharmD, MBBS, DNSc, N/A, etc.)

Your answer

Address

Your answer

Address (Optional)

Your answer

City

Your answer

State/Province/Region

Your answer

Zip/Postal Code

Your answer

Country

Your answer

Phone

Your answer

Email

Your answer

Confirmation Email

Your answer

Race (select as many as apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Prefer not to answer

Ethnicity (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Prefer not to answer

Are you: [select all that apply]

- ☐ Female
- ☐ Male
- ☐ Transgender, non-binary, or another gender

Investigator/Practitioner Level

- ☐ Junior Investigator/Practitioner
- ☐ Mid-level Investigator/Practitioner
- ☐ Senior Investigator/Practitioner

Field of Expertise (e.g. obesity, palliative care, cancer care delivery)

Your answer _____

Are you engaged with a CCIS action group? If Yes, please indicate action group affiliation.

- ☐ Yes
- ☐ No

CCIS action group affiliation (check all that apply)

- ☐ Community Participation in Implementation Science
- ☐ Context and Equity in Implementation Science
- ☐ Learning Healthcare Systems as Natural Laboratories
- ☐ Implementation of Complex/Multilevel Interventions
- ☐ Implementation Science in Global Health
- ☐ Policy and Implementation Science
- ☐ Technology and Health Communication in Implementation Science

Which action group is your proposal responding to?

- ☐ Community Participation in Implementation Science
- ☐ Context and Equity in Implementation Science
- ☐ Learning Healthcare Systems as Natural Laboratories
- ☐ Implementation of Complex/Multilevel Interventions
- ☐ Implementation Science in Global Health
- ☐ Policy and Implementation Science
- ☐ Technology and Health Communication in Implementation Science

Which action group priority is your proposal responding to? [Click here](#) to see the full list of priorities.

Your answer

Are you submitting as a team proposal?

☐ Yes

☐ No

Please list all team members involved in your proposal

Your answer

Are you a U.S. citizen?

☐ Yes

☐ No

Are you new to the field of implementation science?

☐ Yes

☐ No

Are you a federal employee?

☐ Yes

☐ No

Project Proposal To Upload

 Add file

Personal Statement To Upload

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Curriculum Vitae To Upload

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Budget Proposal To Upload

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Submit

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