



## Membership Application

Membership to the UK Center for Health Services Research is **free**.

Please refer to “Membership Guidelines” for details on eligibility requirements, the evaluation process, and Membership rights and responsibilities. Please send the completed Membership Application electronically, along with a current NIH Biosketch and Curriculum Vitae to Megan McIntosh at [megan.mcintosh@uky.edu](mailto:megan.mcintosh@uky.edu)

Name of Applicant: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Academic Title: \_\_\_\_\_

Primary Department (if applicable): \_\_\_\_\_

Campus Address (or full mailing address):  
\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Area of clinical or research interest** (briefly describe with maximum 200 words):

**Research Strengths (please rank your top three research strengths):**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Health Services Research (HSR) Related Funded Research/Training Grants**

Are you a Principal Investigator (PI) on any HSR-related funded research projects?

\_\_\_\_ Yes    \_\_\_\_ No

Are you a Co-Investigator (Co-I) or collaborator on any HSR-related funded research projects?

\_\_\_\_ Yes    \_\_\_\_ No

*Please submit, as an attachment, the abstract of active and pending HSR-related projects/grants.*

**Professional Credentials and Curriculum Vitae:**

Please submit a current CV **and** NIH Biosketch as an attachment to this document

I have reviewed the University of Kentucky Center for Health Services Research Membership Guidelines and agree to follow these guidelines as well as actively participate in the future development of the Center.

Signature \_\_\_\_\_

Date \_\_\_\_\_