



## POST DOCTORAL MASTER IN CLINICAL AND TRANSLATIONAL RESEARCH PROGRAM

SCHOOL OF HEALTH PROFESSIONS & SCHOOL OF MEDICINE • MEDICAL SCIENCES CAMPUS • UNIVERSITY OF PUERTO RICO

**UPR**  
Universidad de Puerto Rico  
Recinto de Ciencias Médicas



# RESEARCH INTENTION LETTER

**APPLICANT'S NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please specify with an X your research areas of interest: (Please mark **NO MORE THAN TWO AREAS**)

Priority Areas are: \_\_\_\_\_ Cancer \_\_\_\_\_ Drug abuse and addiction (including alcohol & tobacco)

\_\_\_\_\_ Metabolic diseases \_\_\_\_\_ HIV/AIDS \_\_\_\_\_ Infant /Maternal Health \_\_\_\_\_ Mental health,

Other areas that will be considered: \_\_\_\_\_ Liver Disease \_\_\_\_\_ Obesity \_\_\_\_\_ Cardiovascular Diseases \_\_\_\_\_ Aging Related Conditions and \_\_\_\_\_ Oral health

The Research Intention Letter is limited to a two (2) page narrative outlining the following topics: a) background information relevant to the applicant's interest in clinical research, b) long-term research career goals, c) interactions to date with potential mentors including any prior or ongoing research experience and/or plans for identifying and selecting a mentor/preceptor for the program's research requirement.