



THE UNIVERSITY *of* NORTH TEXAS
HEALTH SCIENCE CENTER *at* FORT WORTH

**SPH Faculty Research Activity Request Form:
Epidemiology**

Faculty name:

Primary Department:

This form must be accompanied by a current CV.

Brief narrative demonstrating expertise and/or impact in the field:



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For each area below, select the Level you believe is most appropriate and provide supporting documentation.

1. Time since conferral of doctoral degree/time as a faculty member

Degree:

Year degree conferred:

2. Extramural research funding

Current funding amount (effort %):

Current funding start and end date:

Role:



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3. Publications

Three representative peer-reviewed publications
Only complete for department(s) requesting to be evaluating in

4. Effort devoted to research (e.g., as verified by their Department Chair)

Current effort (%) devoted to research:



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5. Research mentoring experience (e.g., mentored student dissertations/theses, conference presentations, papers, grants)

Provide examples of outcomes from previous mentoring experience (conference presentations, peer-reviewed publications, grants):

SPH P&T Recommended Activity Level:

SPH Dean Recommended Activity Level: