



The NEXT Generation of Neurologic Treatments
NIH-Network for Excellence in Neuroscience Clinical Trials

QUESTIONNAIRE FOR NEURONEXT TRAINEE CANDIDATES

Please answer all questions and return your completed questionnaire **by e-mail to jt617@cumc.columbia.edu and cc ksm1@cumc.columbia.edu**. If you have problems doing so or have any questions, please contact Joyce Ann Moran at 212-305-8367.

Date questionnaire completed: _____

Name: _____

Title: _____

Institution: _____

1. Explain, in one paragraph, why you would like to become a NeuroNEXT Trainee:
2. What is your field/area of interest?
3. Briefly describe your clinical research experience.
4. In the past 5 years, what clinical research studies have you been involved in? (Duplicate the table below for each study and complete all information.)

Name of Study	
Sponsor	
Disease entity	
Drug/device/procedure studied	
Blinded vs. Open-label	
Single vs. Multi-site	
# of subjects enrolled at site/study-wide	
Length of involvement in the study	
Title/Role in the study and the tasks you were involved with	