



The Journal of
COLLEGIATE EMERGENCY MEDICAL SERVICES

JCEMS Research Mentorship Program Application

Please send responses [in a separate document] to JCEMS@CollegeEMS.com.

Name: _____ **College/University:** _____ **Permanent Residence:** _____

Class Year: _____ **Major(s)/Minor(s):** _____

Please describe your background/experience in EMS. (250 words max)

Please describe your background/experience in research. (250 words max) Note: Research experience is not required to apply. Relevant coursework or EMS quality improvement projects may also be described here.

Why are you interested in enrolling in the JCEMS Research Mentorship Program? (250 words max)

Are there any particular areas of EMS research in which you are interested? (50 words max)

Are you applying with other student(s) as a team? If yes, please state their name(s)/contact info. Note: Each student must submit an application.

Are there any preferred mentor(s) with whom you would like to work? If yes, please state their name(s)/contact info.

How much time do you anticipate spending on the project per week? What is your ideal time-frame for a project (eg, 1 semester, 2 semesters)? Note: This information is solely used to help match you with a mentor. If selected, you will define your expected commitment and roles with your mentor.

Please send responses [in a separate document] to JCEMS@CollegeEMS.com. You may be asked to participate in a phone/video conference interview prior to selection.

If you have any questions, please contact JCEMS@CollegeEMS.com.