

Dear candidates for our Physician-Scientist Program, please submit the following supplemental information as a single pdf file so that we may consider your application more extensively before our final selection for interviews. The deadline for submitting your research supplemental is Thursday, September 28, 2023.

You can email your Physician-Scientist information to: entresidency@wustl.edu.

Please include the following information:

1. Name and AAMC ID#
2. A brief description of your research interests and research background (total of 2-3 paragraphs). Please organize as follows:
 - A. Research interests – What specific aspect of Otolaryngology is of most interest to you and why (e.g., otology, laryngology, rhinology, outcomes research)? If you have a specific study you would like to perform during your research years, please include a brief outline of that study. Indicate if work in a specific departmental laboratory interests you. Please visit our website <http://oto.wustl.edu/Research>. If you have broad interests and have not decided on a particular research area/laboratory/mentor at this time, please indicate so. Please be assured that your application will not be adversely rated if you don't have a particular research project in mind. We strongly encourage applications from individuals with interests in clinical and translational research and population health sciences. Please note our research training program is primarily funded by NIDCD whose mission is focused on hearing, balance, taste, smell, voice, speech and language. Therefore, proposed research should address one or more of these areas.
 - B. Research experience – include specialized training or skills in a particular area.

3. The following information is required by our NIH Funding Source:

Number of peer-reviewed publications: _____
Number of 1st author peer-reviewed publications: _____

Ethnicity Category? Select one or more:

- Hispanic or Latino
 Not Hispanic or Latino
 Intentionally withheld

Racial Category? Select one or more:

- American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Asian
 Black or African American
 White
 Intentionally withheld

Do you have a disability?

- Yes
 No
 Intentionally withheld

Are you from a [disadvantaged background](#)?

- Yes
 No
 Intentionally withheld