



Larry A. Green Visiting Scholar Information Form

Name: _____ Email: _____

Address: _____

Level of Training or Experience _____
(e.g. Family Medicine Resident, 1st year medical student, department chair)

Institutional Affiliation: _____

How did you hear about the Larry A. Green Visiting Scholars Program? _____

Please list your preferred month(s) and year to visit (If more than one, please rank). Note, we host scholars by the calendar month (i.e, October 1-October 31).

Please circle your research interests:

1. HEALTH POLICY ISSUES
2. MEDICAL EDUCATION
3. HEALTH WORKFORCE
4. PUBLIC HEALTH & PRIMARY CARE
5. HEALTHCARE ORGANIZATION & FINANCING
6. ACCESS TO CARE
7. HEALTHCARE DISPARITIES
8. GEO-SPATIAL ANALYSIS
9. TEAM BASED CARE
10. MENTAL HEALTH PRIMARY CARE
11. OTHER: _____

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Do you have any research experience? _____ If so, please describe and list your most recent research project(s).

Do you have writing experience? _____ If so, please describe and list your most recent publications.

Most scholars join ongoing research projects at the Robert Graham Center. List 3 broad areas that you'd like to work on: (For some ideas, please refer to our website (www.graham-center.org) for examples of the type of work we do.)

1) _____

2) _____

3) _____