

DEPARTMENT OF VETERANS AFFAIRS
RESEARCH AND DEVELOPMENT INFORMATION SYSTEM

INVESTIGATOR DATA
534 Charleston, SC

1. NAME: _____ 2. DEGREE _____ 3. CID: _____
4. VA TITLE: _____
5. UNIVERSITY APPOINTMENT:
- a. Academic Rank
(Enter code from Table 5a) _____ (Code) _____ (Enter name of Academic Rank; if code = 00, skip to 6)
- b. University Administrative Title
(Enter code from Table 5b) _____ (Code) _____ (If code = 99, enter name of University Administrative Title)
- c. University Department
(Enter name) _____
- d. Department Section/Division
(If applicable, enter name of Section or Division) _____
- e. University Name
(Enter name of University) _____
6. DIPLOMATE STATUS (BOARD CERTIFIED):
(See instructions, item 6) YES NO NOT APPLICABLE
7. SPECIALTY:
(Enter code from Table 7) _____ (Code) _____ (If code = 99, enter name of Specialty)
8. SUBSPECIALTY:
(Enter code from Table 8) _____ (Code) _____ (If code = 99, enter name of Subspecialty)
9. VA EMPLOYMENT: (Check one)
- FULL-TIME
- PART-TIME: _____ HR/WK (If Part-time, enter hr/wk)
- CONSULTANT CONTRACT WOC
10. VA SALARY SOURCE: (Check one)
- VA FUNDS OTHER THAN R&D
- MEDICAL RESEARCH (PROGRAM 821) FUNDS
- HSR&D (PROGRAM 824) FUNDS
- REHAB R&D (PROGRAM 822) FUNDS
- COOPERATIVE STUDIES (PROGRAM 825) FUNDS
- NOT SALARIED BY VA
11. VA HOSPITAL SERVICE:
(Enter code from Table 11) _____ (Code) _____ (If code = 99, enter name of VA Hospital Service)
12. VA HOSPITAL SECTION:
(If applicable, enter name of Hospital Section) _____
13. PRIMARY RESEARCH INTEREST:
(Enter code from Table 13-14) _____ (Code) _____ (If code = 99, enter name of Primary Research Interest)
14. SECONDARY RESEARCH INTEREST:
(Enter code from Table 13-14) _____ (Code) _____ (If code = 99, enter name of Secondary Research Interest)

INVESTIGATOR'S SIGNATURE _____ DATE _____