DEPARTMENT OF VETERANS AFFAIRS
RESEARCH AND DEVELOPMENT INFORMATION SYSTEM
INVESTIGATOR DATA
630 New York, NY

1. NAME: _____ 2. DEGREE: _____

4. CID: _____ 5. TELEPHONE: _____

6. MAIL CODE: _____ 7.E-Mail: _____

8. VA TITLE: _____

9. UNIVERSITY APPOINTMENT:

a. Academic Rank
(Enter code from Table 5a) _____ Code _____ *(Enter name of Academic Rank; if code = 00, skip to Item 5)*

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) _____

10. DIPLOMATE STATUS, BOARD CERTIFIED: ☐ Yes ☐ No ☐ NOT APPLICABLE

11. SPECIALTY:
(Enter code from Table 7) _____ Code _____ *(If code = 99, enter name of Specialty)*

12. SUBSPECIALTY:
(Enter code from Table 8) _____ Code _____ *(If code = 99, enter name of Subspecialty)*

13. VA EMPLOYMENT
(Check one)

☐ FULL-TIME
☐ PART-TIME: _____ HR/WK *(If Part-Time, enter hr/wk.)*
☐ CONSULTANT ☐ CONTRACT ☐ WOC ☐ N/A

14. 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

15. VA HOSPITAL SERVICE:
(Enter code from Table 11) _____ Code _____ *(If code = 99, enter name of VA Hospital Service)*

16. VA HOSPITAL SECTION:
(If applicable, enter name of Hospital Section) _____

17. PRIMARY RESEARCH INTEREST:
(Enter code from Table 13-14) _____ Code _____ *(If code = 99, enter name of Primary Research Interest)*

18. SECONDARY RESEARCH INTEREST:
(Enter code from Table 13-14) _____ Code _____ *(If code = 99, enter name of Secondary Research Interest)*

INVESTIGATOR'S SIGNATURE _____ DATE _____