

**Qualifications and Contact Information of INACSL Member
Who is Submitting Mini-grant Proposal**

Name _____ Credentials _____
 Place of Employment _____
 Position _____
 Work Address _____
 Work Email _____ Work Phone _____
 Home Address _____
 Preferred Email _____
 Home or Cell Phone _____

Title of Grant Proposal _____

Please answer these questions about yourself so that we may know a bit more about you and your background: **Please limit your responses to 2 pages only.**

INACSL Membership Status:

___ Individual Member ___ Institutional Member _____ Exp date

1. Please provide the following information regarding your previous research experience and/or experience in the area of your research interest.

Research topic	Type: Quantitative /Qualitative	Findings

2. Describe your experience in simulation and/or work in the simulation lab.

Years of Experience	Simulation type (SP vs. HPS)	Job Title	Briefly list duties

3. If you are participating with a team of researchers or with a research partner, please describe how your research will be supported by the other researchers or team.
4. Please provide any additional information about your skills, knowledge base or overall experiences that you believe will be helpful to the mini-grant review team.