

SCIENTIFIC MERIT REVIEW BOARD SUMMARY STATEMENT

1. HEALTH CARE FACILITY/NO.	2. LOCATION OF HEALTH CARE FACILITY	3. PRINCIPAL INVESTIGATOR(S), DEGREE
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4. SOCIAL SECURITY NUMBER	5. VA TITLE	6. MERIT REVIEW DATE
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7. PROJECT NUMBER/TITLE

8. AMOUNT REQUESTED EACH YEAR (PROGRAM _____)

1ST _____ 2ND _____ 3RD _____ TOTAL _____

<p>9. VA EMPLOYMENT STATUS (Mark only one)</p> <p><input type="checkbox"/> FULL -TIME</p> <p><input type="checkbox"/> PART -TIME</p> <p><input type="checkbox"/> WOC</p> <p><input type="checkbox"/> OTHER</p>	<p>9A. VA SALARY SOURCE (Mark only one)</p> <p><input type="checkbox"/> REHAB R&D</p> <p><input type="checkbox"/> CAREER DEVELOPMENT</p> <p><input type="checkbox"/> PATIENT CARE</p> <p><input type="checkbox"/> OTHER</p>	<p>10. TYPE OF PROJECT (Mark only one)</p> <p><input type="checkbox"/> NEW</p> <p><input type="checkbox"/> ONGOING</p> <p><input type="checkbox"/> PILOT</p>
		11. NO. OF REHAB R&D PROJECTS

12. PRIMARY RESEARCH PRIORITY AREA

13. DEPARTMENT, LABORATORY, ETC. IN WHICH APPOINTMENT IS HELD

14. NAME OF ACADEMIC AFFILIATION AND TITLE OF MAJOR FACULTY APPOINTMENT

YEAR	TOTAL	PROJECT INITIATED	MONTH	YEAR
(CURRENT)		PROJECT TERMINATED		
		QUARTER FUNDING INITIATED		
		MERIT REVIEW BOARD RECOMMENDATION		
1ST		DURATION (YEARS)		
2ND		PRIORITY SCORES		
3RD		SCIENTIFIC _____ PROGRAMMATIC _____		