



## SMRT Mentee Application

Applicant Name

**Contact Information**

Address

Phone

Email Address

Institution/ Clinic

MR System(s)/ Strengths

Language

Years of MRI Experience

Topic of Interest for Abstract

Select an Abstract Category      Clinical      Research

**If Research is selected:**

1. Is there an IRB in place?                      Yes                      No
2. If Yes enter name of Principle Investigator:

For research abstracts the SMRT can assist you in assigning a mentor. Please select from the following:

- Getting Started
- Selecting a Topic
- Data Collection/ Analysis
- Writing the Abstract/ Content
- Abstract Review
- Abstract Submission

**If Clinical is selected:**

For clinical abstracts the SMRT can assist you in assigning a mentor. Please select from the following:

- Overview of clinical abstract guidelines
- Selecting a Topic
- Data Collection/ Analysis
- Abstract Content Writing
- Abstract Review
- Abstract Submission