



Interdisciplinary
Stem Cell Institute



UNIVERSITY OF MIAMI HEALTH SYSTEM



SCHOOL OF MEDICINE
UNIVERSITY OF MIAMI

Application for Membership

Date Submitted:	
Name:	First, Middle, Last
Position/Title:	
Degrees, Residencies and Fellowships:	
Address:	
Phone:	Office, Mobile, Fax
Email:	
Business Administrator's Name:	
Business Administrator's Department:	
Business Administrator's Phone:	Office, Fax
Business Administrator's Email:	

Please check which ISCI Research Platform you would like to be affiliated with

Cardiovascular Disease

Bone Diseases

Cancer

Blood Diseases

Diabetes

Nervous System Diseases

Ethics and Science Policy

Basic Cell Biology

Other _____

Are you presently an investigator in a cell-based therapy clinical trial?

Do you plan to in the future?

Describe your background in Cell Research including a description of research interests and focus (250 word limit):

Please attach a copy of your current NIH biosketch with your application form and submit electronically to LRamos5@med.miami.edu .