



TobWell Student Membership Application

Thank you for your interest in becoming a member of the Tobacco Control and Wellness Research Working Group (TobWell). Please complete and return this form to Dr. Dong-Chul Seo in HPER 028 (Mailing address: HPER 116).

Name:

Email:

Phone:

(Please circle: office, home, cell)

Are you a:

- Master's student** MPH MS Other _____
 Doctoral (PhD) student

In which program of study are you enrolled?

Previous degrees earned and area(s) of study:

Please list your previous research experience (on any topic, please list your roles and responsibilities associated with experiences you list):

Please list any statistics courses that you have completed:

Please list any research courses (including measurement and evaluation courses) that you have completed:

Why are you interested in joining the TobWell?

What are your current research interests?

Of the following research areas, with which are you interested in being involved? (Check all that apply)

- Tobacco prevention, cessation, or control
- Obesity or physical activity
- Heart disease or other cardiovascular disease
- Cancer
- Other chronic disease
- Minority health
- Alcohol or other drug abuse or misuse
- Safety (occupational, traffic, or public)
- Other _____

Of the following populations, with which are you interested in conducting research? (Check all that apply)

- Children or adolescents
- Young adults aged 19-25 years (college students)
- Adults aged 18-65 years (or 26-65 years)
- Older adults (65+ years old)
- Other _____
- Men
- Women

Of the following research-related activities, with which are you interested in being involved? (Check all that apply)

- Literature search (includes retrieving articles from online databases) and review study (including meta-analysis)
- Instrument development and/or validation (I am good at measurement)
- Participant recruitment and/or interview (I am interested in qualitative study)
- Data collection and entry
- Data analysis (includes secondary data analysis)
- Other _____

How would you evaluate your skills related to the following statistical package programs?

- | | | | | |
|---------------------------------|----------|-----------|------------------|--------------|
| <input type="checkbox"/> SPSS | None () | Basic () | Intermediate () | Advanced () |
| <input type="checkbox"/> SAS | None () | Basic () | Intermediate () | Advanced () |
| <input type="checkbox"/> STATA | None () | Basic () | Intermediate () | Advanced () |
| <input type="checkbox"/> SUDAAN | None () | Basic () | Intermediate () | Advanced () |
| <input type="checkbox"/> HLM | None () | Basic () | Intermediate () | Advanced () |
| <input type="checkbox"/> LISREL | None () | Basic () | Intermediate () | Advanced () |
| <input type="checkbox"/> MPLUS | None () | Basic () | Intermediate () | Advanced () |

List the publications in peer-reviewed journals you authored or coauthored (if any)

**List the research presentations at the conferences you authored or coauthored (if any).
Please include the level of the conferences (international, national, state, or local)**

By joining the TobWell, you indicate that you will be involved in at least one TobWell project every academic year. The project can be one proposed by you or by the Director of the TobWell. When you don't have any specific research agenda to work on, the TobWell leadership will assign a research project to you based upon your experiences, skills, and the current needs of the TobWell. If you are not involved in any research projects for two consecutive academic semesters, it will be assumed you are no longer interested in involvement with the TobWell.

After graduating from the current program you are enrolled in, you will be automatically entitled to senior membership. If you choose to be a senior member, you will continue to be informed of the TobWell activities; be invited to TobWell meetings; and enjoy opportunities for collaborative research with the TobWell members.

By signing below you indicate that you are interested in making a sincere commitment to the work of the TobWell and that you agree to abide by all TobWell policies and procedures.

Signature _____ Date _____