

# AHRQ-PCORI Center of Excellence in Learning Health System Research Training

## Stakeholder-Partnered Implementation Research and Innovation Translation (SPIRIT) K12 Program

### APPLICANT INFORMATION

First Name

Last Name

E-mail

Primary Telephone Number

Secondary Telephone Number

Current Home Address

Current Office Address

Citizenship

Please indicate which of the SPIRIT partner health care systems you consider suitable for embedding yourself to conduct your project. You can select one or more:

UCLA Health  
VA Greater Los Angeles Healthcare System  
Kaiser Permanente Southern California  
Los Angeles County Department of Health Services

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## REFERENCES

Please list first your Primary Mentor for your proposed project, and then two other professional references whom you have asked to submit Letters of Support for your K12 application.

First Name

Last name

E-mail

Telephone

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First Name

Last Name

E-mail

Telephone

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First Name

Last name

E-mail

Telephone

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# CERTIFICATION OF NON-DELINQUENCY ON FEDERAL DEBT

I HEREBY CERTIFY

Non-Delinquent Status

Delinquent Status