**Ajuts de Mobilitat Internacional (AMI) 2024 – 1st Edition**

Candidate data (Clinical category)

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| **Candidate’s name** |  |
| **Candidate’s IRBLleida Research Group** |  |
| **Candidate’s clinical Service and Hospital** |  |
| **Chief Physician of the Candidate’s service** |  |
| **Starting Date of the International Stay** |  |
| **Ending Date of the International Stay** |  |
| **Host Institution (Country)** |  |
| **Principal investigator in Host Institution** |  |

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| **1.- Candidate’s personal and academic data** |

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| **NIF:** |  |
| **Date of birthday:** |  |
| **Address:** |  |
| **Postal code:** |  |
| **City:** |  |
| **Province:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **PhD’s defense date:** |  |
| **Are you providing an extension accreditation due to sick/maternity/paternity leave?** | yes/no |
| **Are you or have you been granted with a HHRR fellowship?** | yes/no |

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| **2.- List of up to 5 publications of the PI obtained during the last 5 years (June 2019 - June 2024 both included; publication date)** |

Please provide here a selection of the five best publications over the last five years. A brief description of the impact and relevance of the publication in the field can be provided (maximum 100 words). This will be evaluated following DORA criteria with the conviction that we are at an optimal moment to move towards a new culture of evaluation of research activity in all its diversity. The Impact Factor of the journal and the quartile/decile must be obtained from Journal Citation Reports (JCR) of October 18, 2023 that published the 2022 Impact Factor (<https://www.isciii.es/QueHacemos/Servicios/Biblioteca/Paginas/JCR.aspx>). Consideration of Main Author to those who are signing as first author, last author or correspondence author. <https://service.elsevier.com/app/answers/detail/a_id/14894/supporthub/scopus/kw/fwci/>

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| **Publication 1** | | | | |
| **Authors**  *(as they appear in the publication)* | |  | | |
| **Title** | |  | | |
| **Journal**  *(name, volume, first-last page)* | |  | | |
| **Year** | |  | | |
| **FWCI (Scopus)** | |  | | |
| **Publication type**  *(O: Original research, R: review)* | |  | | |
| **Digital Object Identifier (DOI)** | |  | | |
| **Main author (Y/N):** | **Journal Impact factor:** | | **Quartile 1 (Y/N):** | **Decile 1 (Y/N):** |
| **Relevance/impact of the paper in the field** (Max. 100 words): | | | | |

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| **Publication 2** | | | | |
| **Authors**  *(as they appear in the publication)* | |  | | |
| **Title** | |  | | |
| **Journal**  *(name, volume, first-last page)* | |  | | |
| **Year** | |  | | |
| **FWCI (Scopus)** | |  | | |
| **Publication type**  *(O: Original research, R: review)* | |  | | |
| **Digital Object Identifier (DOI)** | |  | | |
| **Main author (Y/N):** | **Journal Impact factor:** | | **Quartile 1 (Y/N):** | **Decile 1 (Y/N):** |
| **Relevance/impact of the paper in the field** (Max. 100 words): | | | | |

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| **Publication 3** | | | | |
| **Authors**  *(as they appear in the publication)* | |  | | |
| **Title** | |  | | |
| **Journal**  *(name, volume, first-last page)* | |  | | |
| **Year** | |  | | |
| **FWCI (Scopus)** | |  | | |
| **Publication type**  *(O: Original research, R: review)* | |  | | |
| **Digital Object Identifier (DOI)** | |  | | |
| **Main author (Y/N):** | **Journal Impact factor:** | | **Quartile 1 (Y/N):** | **Decile 1 (Y/N):** |
| **Relevance/impact of the paper in the field** (Max. 100 words): | | | | |

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| **Publication 4** | | | | |
| **Authors**  *(as they appear in the publication)* | |  | | |
| **Title** | |  | | |
| **Journal**  *(name, volume, first-last page)* | |  | | |
| **Year** | |  | | |
| **FWCI (Scopus)** | |  | | |
| **Publication type**  *(O: Original research, R: review)* | |  | | |
| **Digital Object Identifier (DOI)** | |  | | |
| **Main author (Y/N):** | **Journal Impact factor:** | | **Quartile 1 (Y/N):** | **Decile 1 (Y/N):** |
| **Relevance/impact of the paper in the field** (Max. 100 words): | | | | |

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| **Publication 5** | | | | |
| **Authors**  *(as they appear in the publication)* | |  | | |
| **Title** | |  | | |
| **Journal**  *(name, volume, first-last page)* | |  | | |
| **Year** | |  | | |
| **FWCI (Scopus)** | |  | | |
| **Publication type**  *(O: Original research, R: review)* | |  | | |
| **Digital Object Identifier (DOI)** | |  | | |
| **Main author (Y/N):** | **Journal Impact factor:** | | **Quartile 1 (Y/N):** | **Decile 1 (Y/N):** |
| **Relevance/impact of the paper in the field** (Max. 100 words): | | | | |

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| **3.- Oral Presentations in Congresses** |

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| Title | Congress | Country | Year |
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| **4.- Impact of the stay on the clinician researcher’s career (description of the activities to be to be done and the specific objectives to be achieved by the candidate (maximum 2 pages)** |
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| **5.- Affinity between both services/ groups and their research lines (maximum 2 pages)** |
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| **6.- Scientific quality of hosting group (maximum 2 pages)** |
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| **7.- Responsible Declaration Forms (Candidate, Group Leader and Chief physician Group Leader):** |
| I, Mr./Ms. ................(Candidate)....................................... of legal age, with National Identity Card No. / Passport No. ........................... declare that I meet the requirements for participation in this call and that all the information provided in the same is true.  And for the record and for the purposes of my participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature)  I, Mr./Ms. ................(Group Leader) ....................................... of legal age, with National Identity Card No. / Passport No. ..........................., as a leader of the IRBLleida Research Group …………………………., declare that the candidate meets the requirements for participation in this call and that all the information provided in the same is true.  And for the record and for the purposes of candidate’s participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature)  I, Mr./Ms. ................(Chief physician) ....................................... of legal age, with National Identity Card No. / Passport No. ..........................., as a leader of the IRBLleida Research Group …………………………., declare that the candidate meets the requirements for participation in this call and that all the information provided in the same is true.  And for the record and for the purposes of candidate’s participation in this call, I sign this declaration in Lleida at ……(day) of ……(month) of ……(year).  (Signature) |