**INTERNATIONAL MOBILITY (AMI-CLINIC) 2025 – 2nd Edition**

|  |  |
| --- | --- |
| **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 and country** |  |
| **Host Institution principal investigator’s name** |  |

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

|  |  |
| --- | --- |
| **NIF:** |  |
| **Date of birthday:** |  |
| **Address:** |  |
| **Postal code:** |  |
| **City:** |  |
| **Province:** |  |
| **Telephone:** |  |
| **E-mail:** |  |
| **Average bachelor’s degree Grade:** |  |
| **Average master’s degree Grade** |  |
| **Are you providing documentation to justify an extension based on the circumstances described in Annex I of the call** | yes/no |

|  |
| --- |
| **2.- List of up to 5 publications of the PI obtained during the last 5 years (2020-2025 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, relevance, repercussion, implementation of public politics and social media impact of the publication in the field can be provided.

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. Further information of how to obtain the publication indicators could be found in “Guia rápida de indicadores DORA del ISCIII” (<https://zenodo.org/records/10617727>) (<https://www.youtube.com/watch?v=DnCiW4L6tpo>)

|  |
| --- |
| **Publication 1** |
| **Authors** *(as they appear in the publication)*  |   |
| **Applicant author position***Define if leading (first or co-author), corresponding or collaborator author* |   |
| **Title**  |   |
| **Journal** *(name, volume, first-last page)*  |   |
| **Year**  |   |
| **Quartile**  |  | **Decile**  |  |
| **Description of the publication:** |
| **Relevance***Publication citations**Excluding auto-citations**Impact indicators***Repercussion***Patent or clinical practice guide derived from the publication**Reference, title or similar for validation***Implementation of public politics***Any public politics derived from this publication***Social and media impact***Any impact made on traditional and digital mass media* | (Max. 400 words):  |
| **Publication 2** |
| **Authors** *(as they appear in the publication)*  |   |
| **Applicant author position***Define if leading (first or co-author), corresponding or collaborator author* |   |
| **Title**  |   |
| **Journal** *(name, volume, first-last page)*  |   |
| **Year**  |   |
| **Quartile**  |  | **Decile**  |  |
| **Description of the publication:** |
| **Relevance***Publication citations**Excluding auto-citations**Impact indicators***Repercussion***Patent or clinical practice guide derived from the publication**Reference, title or similar for validation***Implementation of public politics***Any public politics derived from this publication***Social and media impact***Any impact made on traditional and digital mass media* | (Max. 400 words):  |
| **Publication 3** |
| **Authors** *(as they appear in the publication)*  |   |
| **Applicant author position***Define if leading (first or co-author), corresponding or collaborator author* |   |
| **Title**  |   |
| **Journal** *(name, volume, first-last page)*  |   |
| **Year**  |   |
| **Quartile**  |  | **Decile**  |  |
| **Description of the publication:** |
| **Relevance***Publication citations**Excluding auto-citations**Impact indicators***Repercussion***Patent or clinical practice guide derived from the publication**Reference, title or similar for validation***Implementation of public politics***Any public politics derived from this publication***Social and media impact***Any impact made on traditional and digital mass media* | (Max. 400 words):  |
| **Publication 4** |
| **Authors** *(as they appear in the publication)*  |   |
| **Applicant author position***Define if leading (first or co-author), corresponding or collaborator author* |   |
| **Title**  |   |
| **Journal** *(name, volume, first-last page)*  |   |
| **Year**  |   |
| **Quartile**  |  | **Decile**  |  |
| **Description of the publication:** |
| **Relevance***Publication citations**Excluding auto-citations**Impact indicators***Repercussion***Patent or clinical practice guide derived from the publication**Reference, title or similar for validation***Implementation of public politics***Any public politics derived from this publication***Social and media impact***Any impact made on traditional and digital mass media* | (Max. 400 words):  |
| **Publication 5** |
| **Authors** *(as they appear in the publication)*  |   |
| **Applicant author position***Define if leading (first or co-author), corresponding or collaborator author* |   |
| **Title**  |   |
| **Journal** *(name, volume, first-last page)*  |   |
| **Year**  |   |
| **Quartile**  |  | **Decile**  |  |
| **Description of the publication:** |
| **Relevance***Publication citations**Excluding auto-citations**Impact indicators***Repercussion***Patent or clinical practice guide derived from the publication**Reference, title or similar for validation***Implementation of public politics***Any public politics derived from this publication***Social and media impact***Any impact made on traditional and digital mass media* | (Max. 400 words):  |

|  |
| --- |
| **3.- Participation in Congresses** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the congress | Country | Type of congress(international/national) | Type of participation(attendance, poster, oral presentation) | Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| **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)** |
|  |

|  |
| --- |
| **5.- Scientific quality of hosting group (maximum 2 pages)** |
|  |

|  |
| --- |
| **6.- Affinity between both services/ groups and their research lines (maximum 2 pages)** |
|  |

|  |
| --- |
| **7.- Responsible Declaration Forms (Candidate, Group Leader and Chief physician Group Leader):** |
| Commitment:The candidate, the responsible PI and the Chief physician undertake to: -Communicate to the IRBLleida Projects Office, via the address: innovacio@irblleida.cat , any communication and/or dissemination of the results of research projects, whether oral or written, in the form of an article, poster, clinical practice guide, etc., national or international, before this happens , so that it can guarantee adequate protection of intellectual and/or industrial property, if applicable. -Consider the recommendations for the correct one identification of scientific production of the IRBLleida. -To record the intramural funding of the IRBLleida, as well as the institutional logo in current format in any communication and/or publication. -Present to the IRBLleida within a maximum period of two months after the end of the grant, via email to the address projects@irblleida.cat , a final report with the scientific objectives achieved that are the result of the research work of the beneficiaries during the period in which they have enjoyed the aid, as well as the relationship of publications and communications that have given rise to these results, including those in the process of publication and pending publication.Responsible Declarations: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) |