# T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM
## TRAINING GRANT APPLICATION
### POST-DOCTORAL

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines</td>
</tr>
<tr>
<td>Face Sheet</td>
</tr>
<tr>
<td>Applicant - Description of Career Goals</td>
</tr>
<tr>
<td>Applicant - Description of Program</td>
</tr>
<tr>
<td>Preceptor Letter of Nomination</td>
</tr>
<tr>
<td>Preceptor Programs and Trainees</td>
</tr>
<tr>
<td>Clearances</td>
</tr>
<tr>
<td>Professional Reference, Name &amp; Address</td>
</tr>
<tr>
<td>Biographical Sketches of Preceptor and Applicant</td>
</tr>
</tbody>
</table>

**Appendices (if applicable)** - please include 3 sets
GUIDELINES FOR NOMINATION FOR POSTDOCTORAL TRAINING ON T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM TRAINING GRANT

ELIGIBILITY

Nominees for postdoctoral positions must have an M.D., Ph.D., or equivalent doctoral degree, and must be sponsored by an approved UCLA faculty mentor. Applicants will be considered based on their potential for creative research accomplishments and the relevance and strength of the training program in Tumor Immunology. **Trainees must be U.S. citizens or permanent residents.**

PERIOD OF SUPPORT

Appointments will be made for up to one year with the possibility of renewal for the following year. Trainees who have received one year of support and who desire support for an additional year must submit a new application. The program limits appointments to no less than 9 months and no more than three years at the postdoctoral level on these Training Grants. No individual fellow may receive more than three years of aggregate NRSA support at the postdoctoral level, including any combination of NRSA support from institutional and individual awards. The preferred appointment date is by academic year (July 1 - June 30), but other start dates are acceptable.

PROCEDURE

The T32 UCLA Intercampus Medical Genetics Training Program has three thematic areas: 1. Genomic Medicine, 2) Phenotyping in the Genomic Era, and, 3) Therapy for Genetic Diseases. If you have a strong postdoctoral candidate for an academic career in any of the three thematic areas for whom you are requesting support on the Training Grant, please provide the following:

1. Trainee application form (use attached form).
2. The candidate’s curriculum vitae including bibliography (attach one copy of all or relevant publications).
3. Two letters of recommendation (one must be from the preceptor/research mentor) which may be sent separately. It is the preceptor’s and trainee’s responsibility to be sure these are received.
4. The preceptor’s curriculum vitae or NIH biosketch (not to exceed 4 pages).

Please use the application form provided and attach additional sheets if necessary, observing page limitations. **Incomplete applications will not be reviewed.**

**Deliver hard copy and PDF copy of the completed application to:**

**T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM**

*Training Program Committee, c/o Charina McDonald*
*UCLA Human Genetics*
*BOX 957088, 6506 Gonda*
*Los Angeles, CA 90095-7088*
*(T) 310.267.2487*
*(E) cmcdonald@mednet.ucla.edu*
APPLICATION FOR POSTDOCTORAL TRAINING IN
T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM
(Applicable to U.S. citizens and U.S. permanent residents only)

1. TITLE OF RESEARCH PROJECT

2. PERIOD OF SUPPORT REQUESTED (max. 12 months): START DATE: END DATE:

3. APPLICANT’S NAME AND ADDRESS: SOCIAL SECURITY NUMBER: XXX-XX-

4. PROPOSED PRECEPTOR: DEPARTMENT:

5. U.S. CITIZEN: YES NO PERMANENT RESIDENT: YES NO

6. EDUCATION INSTITUTION/LOCATION DATE (MO/YR) DEGREE

7. MEDICAL LICENSURE (If Applicable): STATE(S)

8. ARE YOU PRESENTLY COVERED BY MEDICAL INSURANCE: YES NO

9. HAVE YOU PREVIOUSLY BEEN FUNDED BY AN NRSA INSTITUTIONAL/INDIVIDUAL TRAINING GRANT: YES NO

10. PROVIDE A 4-PAGE (NIH STYLE) BIOGRAPHICAL SKETCH OF THE PRECEPTOR AND THE APPLICANT’S CV AND BIBLIOGRAPHY

(Include This At The End Of The Grant Application)

(Rev 08/2018)
1. **APPLICANT** - Provide a description of your career goals (Be succinct; do not exceed the space provided below).
2. **PROGRAM** - Describe in detail the research program to be undertaken by the candidate during the period of training. Be clear and concise; **do not exceed three pages** and label 2a, 2b, 2c (references not included). *This must be signed by preceptor and trainee*.

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Date</th>
<th>Trainee</th>
<th>Date</th>
</tr>
</thead>
</table>
3. **PRECEPTOR’S LETTER OF NOMINATION** - *use additional sheets if necessary (3a, 3b).*
4a. **PRECEPTOR** - Brief description of the overall research program in the proposed preceptor’s laboratory. *Please type and use additional sheets only if absolutely necessary.*

4b. List all predoctoral and postdoctoral trainees currently in the preceptor’s laboratory and their sources of funding. *Please do not exceed space provided (3/4 page).*
5. **Clearances**: If this application is approved, an approval application for patient-related studies must also be submitted to the appropriate university committee. **NOTE**: Funds will not be allocated until the appropriate forms have been received by the T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM Training Program.

A. With respect to the Human Subjects Protection Committee* (check one):

- [ ] Approved and enclosed (IRB Protocol Letter).
- [ ] Submitted to the Human Subject Protection Committee on*  
  ______________________________
- [ ] No human subjects or human materials will be used in this study.
- [ ] Human Subject Protection Committee approval was specifically waived.  
  (Exempt letter enclosed).

B. With respect the Animal Research Committee* (check one):

- [ ] Approved and enclosed (IRB Protocol Letter).
- [ ] Submitted to the Animal Research Committee on*  
  ______________________________
- [ ] No animal subjects or animal materials will be used in this study.

C. Recombinant DNA/Infectious Agents approval* (if appropriate), check one:

- [ ] Biosafety Committee approval enclosed.
- [ ] Submitted for DNA Committee approval on*  
  ______________________________
- [ ] No recombinant DNA/infectious agent research is involved.

*Note: Appropriate Committees approvals must be obtained for study prior to funds being awarded.  
(title and identifying data for the study must be identical)

**SIGNATURES**

<table>
<thead>
<tr>
<th>Preceptor</th>
<th>Date</th>
<th>Trainee</th>
<th>Date</th>
</tr>
</thead>
</table>

(Rev 08/2018)
6. Relevance of training to the field of **T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM**.

7. On the space below, provide the name, address and phone number of at least one professional reference *(excluding preceptor)* from whom you have requested letters of recommendations.

Letters should be sent to:

**T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM**

*Training Program Committee, c/o Charina McDonald*

*UCLA Human Genetics*

*BOX 957088, 6506 Gonda*

*Los Angeles, CA 90095-7088*

*(T) 310.267.2487*

*(E) cmcdonald@mednet.ucla.edu*

Reference #1