

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 Medical Genetics. **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. **A trainee's appointment is contingent upon their mentor's commitment to providing supplemental funding.**

PROCEDURE

The T32 UCLA Intercampus Medical Genetics Training Program seeks applicants with research interests in areas of genomic medicine, including pathophysiology, molecular mechanisms, phenotyping, and therapy for genetic diseases. If you have a strong postdoctoral candidate for an academic career in these 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 (CV) that must include: (a) Education, (b) Postdoctoral Training and (c) Publications (attach a copy of most relevant trainee publication). Please include a section detailing past, submitted, and current grant/award funding sources of support for the trainee for the past three years, if any.
3. Two letters of recommendation (one must be from the preceptor/research mentor) which may be sent directly and separately by the mentor and recommenders. It is the preceptor's and trainee's responsibility to be sure these letters are received by Jaspreet (Jessie) Saini (jsaini@mednet.ucla.edu) by the submission deadline.
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 or unsigned applications will not be reviewed.*

Submit the completed application materials as a single PDF file (using the following naming convention: Applicant First Name Last Name_Mentor Last Name_MGT32Post_Application.pdf) to: Jaspreet (Jessie) Saini (jsaini@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 (Last, First, Middle): _____

ADDRESS (Street, City, State, Zip): _____

HOME TEL: _____ WORK TEL: _____ E-MAIL: _____

UCLA UID: _____ ERA Commons ID: _____
SSN #: XXX-XX-____ DOB (MM/DD/YY): _____ CITIZENSHIP: U.S. PERMANENT RESIDENT*
**(Attach copy of permanent resident card)*

DEMOGRAPHICS: *The information you give for gender, race, ethnicity, disability and disadvantaged background is used only for aggregated statistical reporting. Your individual information for these items is confidential and protected by the Privacy Act of 1974*

GENDER: MALE FEMALE DO NOT WISH TO PROVIDE

ETHNICITY: HISPANIC/LATINO NON-HISPANIC DO NOT WISH TO PROVIDE

RACE (Check all that apply): AMERICAN INDIAN OR ALASKAN ASIAN BLACK OR AFRICAN AMERICAN
 WHITE NATIVE HAWAIIAN OR PACIFIC ISL DO NOT WISH TO PROVIDE

DISABILITY (Do you have a disability?): NO YES* DO NOT WISH TO PROVIDE

* IF YES, CHECK ALL THAT APPLY: HEARING MOBILITY/ORTHOPEDIC IMPAIRMENT VISUAL OTHER

4. MEDICAL LICENSURE (If Applicable): STATE(S) _____

FOREIGN MEDICAL GRADUATES – ECFMG# _____ DATE: _____
(Attach Copy Of ECFMG Certificate)

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

IF YES, PLEASE NAME CARRIER: _____

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

IF YES, HOW MANY YEARS TOTAL? _____

(Note: applicants cannot be supported for more than 3 years as a postdoc, and 5 years as a predoc)

GRANT NUMBER: _____ GRANT NAME: _____ DATES: _____
GRANT NUMBER: _____ GRANT NAME: _____ DATES: _____

7. PROPOSED PRECEPTOR: _____ DEPARTMENT: _____

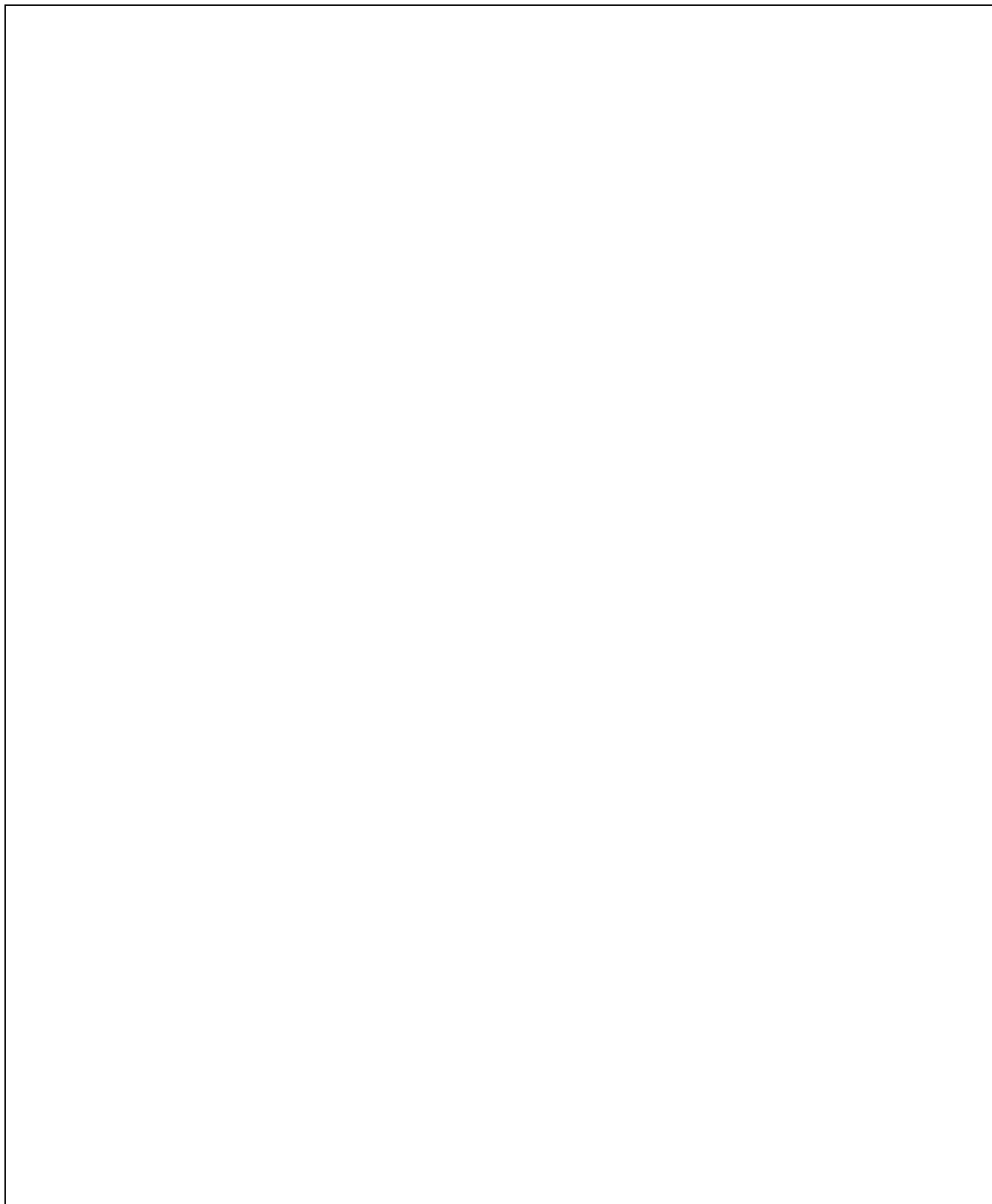
CAMPUS ADDRESS: _____ MAIL CODE: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

8. PROVIDE A 4-PAGE (NIH STYLE) BIOGRAPHICAL SKETCH OF THE PRECEPTOR *(Include this at the end of the Grant Application)*

9. PROVIDE THE APPLICANT'S CV *(Include this at the end of the Grant Application)*

1. APPLICANT - Provide a description of your career goals (Be succinct; do not exceed the space provided below).

A large, empty rectangular box with a thin black border, intended for the applicant to write their career goals. The box occupies most of the page's vertical space.

2a. PROGRAM - Describe in detail the research program to be undertaken by the candidate during the period of training. Be clear and concise; you may attach to the application but **do not exceed three pages** and label 2a and 2b (references not included). ***This must be signed by preceptor and trainee.***

SIGNATURES

Preceptor _____ Date _____ Trainee _____ Date _____

2b. Relevance of training to the field of T32 UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM.

3a. PRECEPTOR - Brief description of the overall research program in the proposed preceptor's laboratory.

3b. List all predoctoral and postdoctoral trainees currently in the preceptor's laboratory and their sources of funding.

4. 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).
- Other:

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.

D. Human embryonic or induced pluripotent stem cells ESCRO approval* (if appropriate), check one:

- ESCRO approval enclosed.
- Submitted for ESCRO approval on* _____
- No Human embryonic or induced pluripotent stem cells 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

Preceptor	Date	Trainee	Date
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