

NIH - NATIONAL CANCER INSTITUTE
INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD – T32 HL69766
UCLA VASCULAR BIOLOGY TRAINING PROGRAM

Checklist For Postdoctoral Applications

Postdoctoral candidates for the UCLA Vascular Biology Training Program and their preceptor, must provide the following:

Part I - Applicant

1. A completed **Application for Appointment** form.
2. A **Curriculum Vitae** including bibliography (attach one copy of all or relevant publications).
3. The names, addresses and telephone numbers of at least **two** professional **References** (*excluding preceptor*) from whom letters of recommendations have been requested AND the letters (sealed). Recommendations may also be provided by fax directly to the Training Grant Office (fax # 4-5766).

Part II – Applicant and Preceptor

4. The **Research Project** to be undertaken by the applicant during the period of training., explaining its relevance to Vascular Biology – (not to exceed two pages). This must be signed by both the Applicant and the Preceptor.
5. A completed **Research Clearances** form. This must be signed by both the Applicant and the Preceptor.

Part III – Preceptor

6. A **Letter of Nomination**.
7. A list of all predoctoral and postdoctoral **Trainees** currently in the preceptor's laboratory and their sources of funding.
8. The preceptor's **NIH Biosketch** or CV (not to exceed 3 pages).

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APPLICATION FOR POSTDOCTORAL APPOINTMENT

(Part I.1)

Title of Research Project		
Name (Last, First, Middle Initial)		Date of Application
Home Address (Street/P.O. Box, City, ST, Zip)		
Home Telephone	Work/Lab Telephone	Work/Lab Fax
Email Address		Your Dept.
UCLA ID # (xxx-xxx-xxx)		Social Security # (xxx-xx-xxxx)
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate (mm/dd/yy)	Race
Citizenship: <input type="checkbox"/> US Citizen or US Noncitizen National <input type="checkbox"/> Permanent Resident of US		
Faculty Preceptor:		Preceptor's Dept.
Preceptor's Campus Address with Mail Code		Preceptor's Telephone
Preceptor's Email Address		Preceptor's Fax
Your Dept. Financial Contact (full name)	Dept. Telephone	Dept. Fax
Are you presently covered by medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please name carrier:		
Have you previously received a National Research Service Award? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes": <input type="checkbox"/> Institutional <input type="checkbox"/> Individual <input type="checkbox"/> Predoctoral <input type="checkbox"/> Postdoctoral Grant Name and Number (if known): _____ Total months of prior NRSA support: _____ Appointment dates:		
Statement of Non-delinquency on Federal Debt Are you delinquent on the re-payment of any federal debts? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain below.</i>		

Education – After High School <i>(Indicate all academic and professional education. For foreign degrees, give US equivalent)</i>					
Name of Institution, Department and Location	Attendance Mo/Yr		Degree(s) Received		Major Field Minor Field
	From	To	Degree <i>Grade Pt Ave</i>	Mo/Yr	
<i>Baccalaureate Degree</i>					
<i>Masters Degree</i>					
<i>Doctorate Degree</i>					
List all Academic Honors, including fellowships and scholarships (may be omitted by postdocs if included on CV):					

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RESEARCH CLEARANCES

A Statement of Assurance for all current trainees must be submitted annually to the appropriate university committee by the UCLA Vascular Biology Training Program Principal Investigator.

Title of Research Project

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

- Approved and enclosed (HS-3 form enclosed).
- Submitted to the Human Subject Protection Committee on* *Date*
- No human subjects or human materials will be used in this study.
- Human Subject Protection Committee approval was specifically waived.
(Exempt HS-7 form enclosed).

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

- Approved and enclosed (AC-2 form enclosed).
- Submitted to the Animal Research Committee on* *Date*
- No animal subjects or animal materials will be used in this study.

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

SIGNATURES

Preceptor (Sign & print name)

Date

Trainee (Sign & print name)

Date

**NRSA VASCULAR BIOLOGY TRAINING PROGRAM
APPLICANT EVALUATION FORM**

RETURN TO: Prof. Luisa Iruela-Arispe (Fax #: 310794 5766)
Department of Molecular Cell and Developmental Biology. Mail code: 157005
611 Charles Young drive East
University of California, Los Angeles, California 90095-1570

NOTE TO EVALUATOR: _____ (*Applicant*)
has selected you as a reference to support his/her application for research training with

_____ (*Sponsor*) at UCLA. Please complete this inquiry
and mail it to the address given above. Timely receipt of the completed evaluation will be appreciated.

1. Rate the applicant on the items below by a numerical score of 1 to 5, basing such ratings on the degree of accomplishment you usually expect of individuals at this level (1-outstanding, 2-above average, 3-average, 4-below average, 5-poor, X-insufficient knowledge to rate).

- | | |
|---|--|
| <input type="checkbox"/> A. Originality | <input type="checkbox"/> F. Perseverance in Pursuing Goals |
| <input type="checkbox"/> B. Accuracy | <input type="checkbox"/> G. Ability to Organize Scientific Data |
| <input type="checkbox"/> C. Research Ability | <input type="checkbox"/> H. Familiarity with Research Literature |
| <input type="checkbox"/> D. Scientific Background | <input type="checkbox"/> I. Proficiency in Laboratory Work |
| <input type="checkbox"/> E. Ability to Exchange Ideas | <input type="checkbox"/> J. Ability to Write Journal Articles |

2. Expand on the points above and describe qualifications and traits you consider of special significance in judging this applicant's fitness for a research career. (*Please feel free to attach an additional sheet if necessary.*)

3. Indicate dates during which you were associated with this applicant: _____

Capacity at that time (teacher, advisor, etc.): _____

Name: _____

Title: _____

Department: _____

Institution: _____

Address: _____

Signature of Respondent

Date