UCLA NIEHS TRAINING GRANT IN MOLECULAR TOXICOLOGY

Predoctoral Award Application Requirements

I. From the student

* 1. **Completed Application for Traineeship Form**
2a. A description of Career Goals. (Be succinct. Do not exceed one single-spaced page.)
OR
* 2b. A one page single-spaced report of accomplishments during the current year's support for individuals seeking renewal. (Include all relevant publications. Indicate whether published, in press, or in preparation.)
* 3. Curriculum Vitae
* 4. Bibliography of all papers published, in press, or submitted (include copies of relevant manuscripts)
5. Undergraduate transcripts. (These may be unofficial records, photocopies will do)
6. Graduate school transcripts
7. Copy of official GRE scores (voluntary)
8. The names, addresses, E-mail addresses, and telephone numbers of at least **two** professional **references** (*excluding preceptor*) from whom letters of recommendations have been requested. It is the applicant's responsibility to ensure that the letters are received by the deadline. (Copies of reference letters sent to the preceptor or the department or program at the time of graduate admission can also be used.) Letters should be sent by mail or E-mail to Oliver Hankinson at: ohank@mednet.ucla.edu

* 9. The **Research Project** to be undertaken by the applicant during the period of training. Explain its relevance to the goals of the NIEHS training grant – be clear and concise; do not exceed two double-spaced pages.

II. From the preceptor

*10. A **Letter of Nomination**. This letter must include a statement that the preceptor agrees to the participation of the awardee in the activities of the NIEHS training grant as outlined in the Award Announcement, and include a statement as to his/her approval of the research project proposed for the applicant (see section 9).
11. A brief description of the **Overall Research** program in the proposed preceptor's laboratory. (One or two paragraphs is sufficient.)
* 12. The preceptor's **NIH Biosketch** or CV (not to exceed 5 pages).
*13. **NIEHS training grant clearance form.**

*Renewal applications need only provide information for the starred items.

SEND THE **COMPLETE** APPLICATION as a single pdf (except for the letters of reference) to ohank@mednet.ucla.edu

It is the applicant's responsibility to ensure that all application material is included.

UCLA NIEHS TRAINING GRANT IN MOLECULAR TOXICOLOGY

APPLICATION FOR A PREDOCTORAL TRAINEESHIP		
☐ Predoctoral applicant		
Title of Research Project		
Period of Support Requested (max. 12 months)	Start Date	End Date
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
E-mail Address	Your Dept.	
UCLA # (xxx-xxx-xxx)	Social Security # (xxx-xx-xxxx)	
Gender ☐ Female ☐ Male	Birthdate (mm/dd/yy)	Ethnicity (optional)
Citizenship: ☐ U.S. Citizen or U.S. Noncitizen National ☐ Permanent Resident of U.S. – Alien Registration Number		

Faculty Preceptor		Preceptor's Dept.
Preceptor's Campus Address with Mail Code (UCLA only)		Preceptor's Telephone
Preceptor's E-mail Address		Preceptor's Fax
Preceptor's Complete Mailing Address		
Your Dept. Financial Contact (full name)	Dept. Telephone	Dept. Fax
Are you presently covered by medical insurance? ☐ Yes ☐ No If yes, please name carrier:		

Are you currently supported by a training grant or other fellowship?

If yes, Award Name & Agency: Award Period:
Have you received NIH training grant support in the past?

If yes, Grant Name: Award Period:

I agree to participate in the NIEHS Training Program activities as described in the Award Description.

☐

Are you delinquent on the re-payment of any federal debts?

☐ Yes ☐ No If yes, please explain:

Education – After High School

(Indicate all academic and professional education. For foreign degrees, give US equivalent. Note: GPA = Grade Point Average.)

Name of Institution, Department & Location	Attendance (Mo/Yr)		Degree(s) Received		For each degree:
	From	To	Degree & GPA	Mo/Yr	Major Field & Minor Field
Baccalaureate Degree					
Masters Degree					
Doctorate Degree					

GRE General Test Scores: (Voluntary) Verbal Score and %: Quantitative Score & %: Analytical Score & %:

MCAT: Biology Chemistry Physics SciProbs Reading Quantitative Other

List all Academic Honors, including fellowships and scholarships *(may be omitted by postdocs if included on CV):*

Relevant Experience After Receiving Doctoral Degree (Postdoc applicants only)

(Relevant experience may include research (including research in industry), teaching, residency or clinical duties or other time spent full-time in a health-related field.)

Name of Institution/Business	From (mm/dd/yyyy)	To (mm/dd/yyyy	Relevant Field

Medical Licensure *(if applicable):* State(s):

Foreign medical graduates: ECFMG#: Date:

Names of Specialty Boards *(if applicable)*

Seeking Certification for *(if applicable)*:

Certified by (include date of certification) *(if applicable)*:

UCLA NIEHS – Training Grant in Molecular Toxicology

RESEARCH CLEARANCES

Title of Research Project:

Name of Applicant: _____

Name of Preceptor: _____

Date: _____

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

- ☐ Approved and enclosed (IRB Approval Notice).
- ☐ 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 (ARC Approval Notice).
- ☐ Submitted to the Animal Research Committee on *(date):*
- ☐ No animal subjects or animal materials will be used in this study.

*** Notes:** A Statement of Assurance for all current trainees must be submitted annually to the appropriate university committee by the UCLA Training Grant in Molecular Toxicology Principal Investigator.

Appropriate Committee approvals must be obtained for study prior to funds being awarded. Title and identifying data for the study must be identical.

C. With respect to the use of **Human Embryonic Stem Cells** (check the relevant box(es)):

- ☐ No hES cells will be used.
- ☐ NIH – approved hES cells will be used:

D. With respect to Class II Etiologie Agents or Chemical Carcinogens:

- ☐ No such agents will be used.
- ☐ The following such agents will be used: _____