

**NIH T32 INSTITUTIONAL RESEARCH FELLOWSHIP APPLICATION
FOR UNIVERSITY OF IOWA PHYSICIAN TRAINING IN:**

Program in Hematology: Molecular and Cell Biology of Blood Cells (HL07344)

Only Post-Doctoral Trainees (MD, PhD, or MD-PhD) Seriously Considering an Academic Career Should
Apply

Eligibility: Applicants must be US Citizens or Permanent Residents

Applications will be evaluated by T32 Program Faculty based on:

1. Applicant's academic record as detailed in:
 - a) Curriculum vitae
 - b) Research experience
 - c) Understanding of proposed project
 - d) Interest in an academic career
 - e) Letters of recommendation regarding research aptitude
2. Mentor's NIH Biosketch, training experience, and funding to support planned research
3. Interview with program committee members

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1. Applicant's Name: _____
(Last) (First) (Middle)
 2. University of Iowa Faculty Mentor's Name: _____
 3. Applicant's Office Address: _____
 4. Applicant's Office Phone: _____ Applicant's E-mail: _____
Home or Cell Phone: _____
 5. Date of Birth: _____ Place of Birth: _____
(city) (state) (country)
 7. U.S. Citizen or U.S. Noncitizen National: _____ Yes _____ No
 8. If not a U.S. Citizen or U.S. Noncitizen National, attach a photocopy of your Permanent Resident Card ("Green Card") and provide your card number: _____
 9. What is your visa status?
 - a) J Visa (exchange) _____
 - b) Permanent Visa _____
 - c) F Visa (student) _____
 10. What is your ethnicity:

_____ African American/Black	_____ American Indian/Alaskan Native
_____ Hispanic/Latino(a)	_____ U.S. Pacific Islander
_____ White not Hispanic/Latino(a) origin	_____ Other
 11. Have you previously received support from a Federal Agency?
If so, please describe.

12. UNDERGRADUATE AND GRADUATE SCHOOL EDUCATION

	<u>Institution, Department & Location</u>	<u>Degree Received</u>	<u>Position/Title or Occupation</u>	<u>Field Of Study/Major</u>	<u>From Mo. & Yr.</u>	<u>To Mo. & Yr.</u>
College or University						
Medical School						
Graduate School						
Non-degree Graduate Course Work						

13. PREVIOUS TRAINING & EMPLOYMENT FOLLOWING COLLEGE & GRADUATE SCHOOL

	<u>Name & Location of Institution/Employer</u>	<u>Position/Title or Occupation</u>	<u>From Mo. & Yr.</u>	<u>To Mo. & Yr.</u>
Residency				
Fellowship				
Post-doc				
Employment				

14. Mentor's Name: _____

List Mentor's Grant Support

Source	Number	Title	Inclusive Dates	Current Year Funding

List other trainees currently in Mentor's laboratory:***NOTE: COPIES OF THE APPLICANT'S CURRICULUM VITAE & THE MENTOR'S BIOSKETCH ARE REQUIRED**

15. Briefly summarize your previous scientific and/or research experience. State where, when, and in whose lab you have worked. Summarize your results and list any publications. (Do not list academic courses or exceed space provided.)

16. Briefly describe: 1) how you became interested in your research area; 2) your contribution to developing and planning your proposal; and 3) how the proposal will contribute to and help you achieve your career goals. Also describe your academic and professional career goals.

SUMMARY OF RESEARCH TRAINING PROPOSAL

To be written by the applicant with guidance from the mentor. Must be no longer than 1 page and include:

Title of Proposal**Background & Significance**

- Describe the biomedical importance of the broad and specific research area you have chosen.
- Relate the most relevant and important knowledge in that field to your proposal.
- Identify the gap(s) in the knowledge in that field that your proposal will address.

Specific Aim(s) & Hypothesis

- Describe what you specifically aim to accomplish relative to the gap(s) in knowledge.
- Specify the hypothesis you will test, including its basis of and rationale.

Experimental Design and Methods

- Briefly describe overall research design to accomplish your specific aim(s).
- Describe studies planned explaining their temporal sequence.
- Discuss potential experimental difficulties and suggest alternative solutions.
- Describe a statistical plan for analyzing data.
- List and explain any coursework you plan to take to supplement your laboratory training experiences.

Application Checklist of Required Items:**If necessary also include:**

- | | |
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| <p>___ Completed application</p> <p>___ C.V. of Applicant</p> <p>___ Mentor's NIH Biosketch.</p> <p>___ Two letters of recommendation from people who can assess your research aptitude and potential.</p> <p>___ Mentor's confidential one-page assessment of trainee and proposal (attach in separate sealed envelope) that addresses or describes:</p> <ul style="list-style-type: none"> • the relationship of the proposed research training to trainee's career goals. • the skills, methods, and techniques that the trainee will learn. • the role of and need for trainee taking graduate coursework in research proposed . • the trainee's academic potential based on previous research, originality, motivation, work ethic, etc. • how trainee will be integrated into and receive help from members of mentor's lab. • the role of the research proposed in helping trainee achieve his/her career goals. | <p>___ Photocopy of Permanent Resident ("Green") Card</p> |
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CERTIFICATION

I certify that the foregoing statements are true and complete to the best of my knowledge and belief and understand that my willfully false statement is sufficient cause for rejection of the application or, if a fellowship has been awarded, for termination of the fellowship.

Further, if I am awarded a fellowship, I agree to abide by all relevant USPHS and DHHS policies (<http://grants2.nih.gov/grants/guide/pa-files/PA-02-109.html>). I understand the provisions and am aware that they apply to the Institutional Research Fellowship Award. If awarded this fellowship, I agree to abide by the payback provision (*next page*) and my need to successfully complete training in the Responsible Conduct of Research.

(Date)

Signature (Required of all applicants)

NIH PAYBACK PROVISION (<http://grants2.nih.gov/grants/guide/pa-files/PA-02-109.html>)

As specified in the NIH Revitalization Act of 1993, NRSA recipients incur a service payback obligation only during their first 12 months of postdoctoral support. Additionally, the Act specifies that the second and subsequent years of postdoctoral NRSA training will serve to pay back a postdoctoral service payback obligation. Accordingly, the following guidelines apply:

- Postdoctoral trainees in the first 12 months of postdoctoral NRSA support must sign the payback agreement form (PHS form 6031) before initiating an appointment. Postdoctoral trainees in their first 12 months of support will incur a period of service payback obligation equal to the period of support.
- Postdoctoral trainees in the 13th and subsequent months of NRSA postdoctoral support are not required to sign the payback agreement form and will not incur a service payback obligation for this period of support. In addition, the 13th and subsequent months of postdoctoral NRSA support are considered acceptable payback service for prior postdoctoral support. For example, postdoctoral trainees who continue under that award for 2 years have fulfilled the obligation incurred during the first 12 months of support by the end of the second year.
- Service payback obligations can also be paid back after termination of NRSA support by conducting health-related research or teaching averaging more than 20 hours per week of a full work year.
- Recipients with service obligations must begin to provide acceptable payback service on a continuous basis within two years of termination of NRSA support. The period for undertaking payback service may be delayed for such reasons as temporary disability, completion of residency requirements, or completion of the requirements for a graduate degree. Requests for an extension must be made in writing to the NIH specifying the need for additional time and the length of the required extension.
- Recipients of NRSA support are responsible for informing the NIH of changes in status or address.

GRADUATE COURSE REQUIREMENT FOR ALL T32 TRAINEES: RESPONSIBLE CONDUCT OF RESEARCH

The Responsible Conduct of Research course is required of all fellows receiving T32 support. When registering, this course **MUST** have the correct number (ISIS course number 050:270: 0 credit hours) as this is the number needed for all College of Medicine MD fellows. This is because there are 3 separate course numbers for the same course depending on the college of the student taking the course.

The class is taught by Erling Anderson, Ph.D. of the Anesthesia Department; Elaine Paul is the course coordinator (Pager 7619). For maximal benefit, the course should be taken as early in fellowship as possible. The course is given three times per year (fall, spring and summer) with each being held weekly on Wednesdays from 4:30 to 6:30 pm for a total of 6 to 8 sessions, each on an important topic for academic pediatricians.

The registration procedure for the Responsible Conduct of Research course is dependent on whether or not you (the fellow) are enrolled in another University of Iowa course at the same time as follows:

1. *If you are currently enrolled in another University of Iowa course:*
Course registration (if before the first day of class) can be done on line using the ISIS web site and providing the correct course number, i.e., 050:270 (for 0 hours credit).
2. *If you are not enrolled in another University of Iowa course:*
The fellow must complete the special admit paper form ("pink form") that is obtained from and must be mailed back to the Registrar's Office (335-0238).

In the case of fellows, neither procedure generates a fee (and it will appear on your transcript).