# Training Program in Neurodevelopmental Disabilities—T32 NS007413

# Program Director: Michael B. Robinson, PhD

# Postdoctoral Fellowship Application 2016

# The Children’s Hospital of Philadelphia

# Perelman School of Medicine at University of Pennsylvania

## Applicant Information

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| --- | --- | --- | --- |
| Full Name: |  | Date: |  |
| Degree(s): |  | Dept or Graduate Group: |  |

|  |  |
| --- | --- |
| Title of Project: |  |

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| --- | --- |
| Campus Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

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| --- | --- |
| Proposed Mentor: |  |

|  |  |
| --- | --- |
| Proposed Co-Mentor: |  |

## Application Requirements

MDs should have clinical training in Pediatrics, Neurology, Neuropathology or related field. PhDs who have done Neuroscience research can have a PhD in Neuroscience or related field. **All candidates must be U.S. citizens or permanent residents to be eligible for support from this Training Grant.**

**Please note that individuals who have five years of relevant research experience after their terminal degree are not likely to be considered eligible for support as a post-doctoral fellow.** A strong justification for extending the time for training (or a gap in training) will be required.

**Prior support by T32 mechanisms:** *Postdoctoral fellows can be supported by T32 grants for up to three years.* Please indicate in your curriculum vitae if you have been previously supported by a T32 mechanism.

**Payback information:** Applicants should be aware that the federal government requires that fellows agree to a payback agreement (see[*http://grants.nih.gov/grants/funding/416/phs6031.pdf*](http://grants.nih.gov/grants/funding/416/phs6031.pdf)*).*

For more information regarding this program including approved mentors and career development requirements, please visit<http://www.research.chop.edu/programs/neurotraining>.

**Please attach the following items to this application:**

1. **Curriculum Vitae**
2. **Letter of reference from proposed mentor:** Mentors should submit letters directly to the Training Program Coordinator in a sealed envelope OR by direct email. This letter should also include a statement that the application was written by the trainee.
	* **Provide Other Support page for proposed mentor**
	* **If not on approved mentor list, please also submit his/her NIH biosketch & training record)**
3. **Three letters of reference (at least one from outside of CHOP/Penn)**
	* Must be submitted to the Training Program Coordinator in a sealed envelope OR by email directly from the person providing the reference)
4. **Copies of graduate/professional school transcripts**
5. **Proposed Research Project** (One paragraph of background followed by specific aims- LIMIT TO ONE PAGE)
6. **Plans for writing individual NRSA (F32):** NINDS is strongly encouraging trainees on multi-year training grants to write an individual NRSA (F32) within the first year. In your proposal, please indicate if your project will be ready for submission within the first year of training.
7. **Statement of future career plans** (LIMIT ONE PAGE)
8. **Identify other career development activities planned during the training program** (LIMIT ONE-HALF PAGE) by:
	* Identifying additional coursework and other training activities that will help achieve career goals.
	* Indicating how you will fulfill the other requirements of the training program.
9. **If you have submitted an application for a NRSA or equivalent, please attach review of the application.**
10. **Anticipated clinical responsibilities**—Should be limited to a maximum of 20% of effort. More than 20% requires additional plan and justification to be approved by the Training Program Steering Committee, and may need to be approved by your Department Chair and the Senior-Vice President for Research Administration depending upon the extent of planned activities.
11. **Individuals with clinical responsibilities:** Short note from Clinical Program Director specifically describing the maximum level of clinical responsibilities that will be required during the training program (e.g., one-half day clinic per week, and one month of attending).

**Please submit these materials to Kristen Pidgeon by Friday, December 23, 2016:**

*Kristen Pidgeon, Training Program Manager*

*The Children’s Hospital of Philadelphia*

*3615 Civic Center Boulevard*

*Leonard and Madlyn Abramson Pediatric Research Center, Room 502*

*Philadelphia, PA 19104*

*Email:* *pidgeonk@email.chop.edu*

##  Personal Data

The information requested below will be used to evaluate the effectiveness of our recruitment efforts. This information is CONFIDENTIAL AND COMPLETELY VOLUNTARY. Answering a question or omission of an answer will not influence the selection committee’s decision on being granted a training slot.

**Gender:**

[ ]  Male

[ ]  Female

[ ]  Prefer not to answer

**Please indicate the group(s) in which you would include yourself:**

[ ]  African American

[ ]  Native American/Alaska Native/American Indian (Please specify your tribal affiliation)

[ ]  Asian-American

[ ]  Pacific Islander

[ ]  Mexican-American/Chicano(a)

[ ]  Puerto Rican

[ ]  Other Hispanic/Latino (please specify)

[ ]  White/not of Hispanic origin

[ ]  Other (please specify)

[ ]  Prefer not to answer

**Please indicate if any of the following apply to you:**

Have a disability (a physical or mental impairment that substantially limits one or more major life activities)

[ ]  Yes

[ ]  No

[ ]  Prefer not to answer

Come from socially/culturally/educationally disadvantaged background

[ ]  Yes

[ ]  No

[ ]  Prefer not to answer

Family has an annual income below established low-income thresholds

[ ]  Yes

[ ]  No

[ ]  Prefer not to answer

Is the first generation of your family to attend college

[ ]  Yes

[ ]  No

[ ]  Prefer not to answer

**If you answered “yes” to any of the above, please use this area to describe these factors:**

**Note about Personal Data questions:** When answering the diversity questions regarding income and background, please use the following definitions:

* **Disadvantaged Background**: Answer "yes" if you come from a social, cultural, or educational environment (such as that found in certain rural or inner-city environments) that have demonstrably and recently directly inhibited the acquisition of knowledge, skills, and abilities necessary to develop and participate in a research career.
* **Income**: Answer "yes" if you come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, are published by the U.S. Bureau of the Census, are adjusted annually for changes in the Consumer Price Index, and are adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at *[http://aspe.hhs.gov/poverty/index.shtml.](http://aspe.hhs.gov/poverty/index.shtml%22%20%5Ct%20%22_blank)*