



APPLICANT DATA FORM

Name _____	Credentials _____
Department/Division _____	eRA Commons User Name _____
Campus Address _____	
Email _____	Phone _____
Dept. / Division Administrator Name _____	
Administrator Contact Information _____	

Proposed Research Project Title

Primary NUPEDHA Mentor

- | | |
|--|---|
| <input type="checkbox"/> Ronald Ackermann, MD (General Internal Medicine) | <input type="checkbox"/> Xunrong Luo, MD, PhD (Nephrology) |
| <input type="checkbox"/> Joseph Bass, MD, PhD (Endocrinology) | <input type="checkbox"/> Mark Molitch, MD (Endocrinology) |
| <input type="checkbox"/> Serdar Bulun, MD (OB/GYN-Reproductive Biology) | <input type="checkbox"/> Susan Quaggin, MD (Nephrology) |
| <input type="checkbox"/> Richard Green, MD (Gastroenterology & Hepatology) | <input type="checkbox"/> William Schnaper, MD (Pediatrics) |
| <input type="checkbox"/> M. Geoffrey Hayes, PhD (Endocrinology) | <input type="checkbox"/> Margrit Urbanek, PhD (Endocrinology) |
| <input type="checkbox"/> Tamara Isakova, MD (Nephrology & Hypertension) | <input type="checkbox"/> Douglas Vaughan, MD (Cardiology) |
| <input type="checkbox"/> Namratha Kandula, MD, MPH (General Internal Medicine) | <input type="checkbox"/> Myles Wolf, MD (Nephrology) |
| <input type="checkbox"/> William Lowe Jr., MD (Endocrinology) | |

NRSA Program Eligibility

Type of appointment applying for:

- Pre-doctoral Which program are you enrolled in? DGP IBiS
- Postdoctoral

Have you received prior NRSA support?

- No
- Yes If yes, provide period(s) of support: _____

Are you currently receiving any type of grant support (e.g. NRSA, NIH-sponsored minority supplement) that would preclude you from beginning an NUPEDHA appointment on July 1, 2014?

- No
- Yes If yes, provide available start date (must be by Sept. 1, 2014) _____



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DEMOGRAPHIC INFORMATION REQUIRED BY NIH

Citizenship (Mark one) <input type="checkbox"/> U.S. Citizen or Noncitizen National <input type="checkbox"/> Permanent Resident* (Non-U.S. Citizen with currently valid verification of residency status) Country of citizenship (if not U.S.): _____ *Permanent residents should include a copy of current Permanent Resident Card "Green Card" (USCIS Form I-551) with application.	Ethnicity (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer Gender (Mark one) <input type="checkbox"/> Female <input type="checkbox"/> Male	Race (Mark one or more) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
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SIGNATURES

APPLICANT I have completed this application form to the best of my knowledge. I understand that application requirements and terms of eligibility must be met before an appointment as an NUPEDHA trainee can take effect. Signature _____ Date _____ Print Name _____	MENTOR I agree to serve as this trainee's primary mentor if he/she is awarded an NUPEDHA appointment. I have provided a letter of commitment outlining my support of and my role in the trainee's project. Signature _____ Date _____ Print Name _____
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