***CTSI Pre-Doctoral Training in Translational Research***

***APPLICATION***

# Applications must be received by Thursday November 15, 2018.

**All materials listed on the ‘Pro c e d ure s f o r Sub mis s io n’ mus t b e i nc lud e d ,**

**in one electronic submission file. You are required to stay within the page limitations stated for each individual question.**

***Please note that you will be submitting through the Indiana CTSI’s grants management software WebCAMP. Please allow enough time to be familiar with the system.***

**Information on how to submit, along with the WebCAMP User’s Guide, can be found here:** [**https://www.indianactsi.org/funding/all-open-rfps#TL1PRE201811**](https://www.indianactsi.org/funding/all-open-rfps#TL1PRE201811)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Application: | | | | |  | | | | |
|  | | | | | | | | | |
| Brief (100-150 words) description of the research proposal. (*Please Note: Upon selection, this description will be shared publicly*.): | | | | | | | | | |
| Name of Applicant: | | | |  | | | | | |
| Mailing Address: | | |  | | | | | | |
| Telephone Number(s): | | | | | |  | | | |
| Email Address: | |  | | | | | | | |
| Degree Granting Institution: | | | | | | |  | | |
| Degree Granting Department: | | | | | | | |  | |
| Applicants Graduate Program Head: | | | | | | | | |  |
| Email Address: |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: | | | |  | | | | | | | | | | |  | | |
| Gender: | | |  | | Female | |  | | Male | |  | | Prefer not to respond | | | | |
| Are you Hispanic or Latino? | | | | | |  | | Yes | | |  | | | No | |  | Prefer not to respond |
| Ethnicity (please check one or more)\*: | | | | | | | | | | | | | | | | | |
|  |  | African American / Black | | | | | | | |  | | Native Hawaiian or other (Pacific Islander) | | | | | |
|  |  | Asian | | | | | | | |  | | Native American; Alaskan Native | | | | | |
|  |  | White | | | | | | | |  | |  | | | | | |
|  |  | Other (please specify: | | | | |  | | | | | | | | | | |
|  |  | Prefer not to respond | | | | | | | | | | | | | | | |

*\*State and federal laws pertaining to civil rights require the University to report ethnic data. Only U.S. citizens and permanent residents should complete this section. Applicants who select Other should specify ethnic status in the space provided. Applicants who choose to submit this application without ethnic data should select the “Prefer not to respond” option.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Mentor: | | | |  | | | |
| Department: | | |  | | | | |
| Institution: |  | | | | | | |
| Telephone Number: | | | | |  | Email address: |  |
| Co-Mentor: |  | | | | | | |
| Department: | |  | | | | | |
| Institution: |  | | | | | | |
| Telephone Number: | | | | |  | Email address: |  |

**Information requested in each section below MUST be typed into the amount of space provided for each section. Use of 12 pt Times new Roman or Arial font is required.**

1. ***Brief Statement of Research Plan:*** In the space below please provide a brief description of your proposed research. Describe your research problem, its significance and innovation. **(Max. length ½ page)**
2. ***Translational Nature of Work:*** Describe how your proposed research is translational (e.g., either T1 or T2). **(Max. length ½ page)**
3. ***Clinical/Translational Mentorship Plan:*** In the space below describe how you have interacted or will interact with your co-mentors and the planned contributions of each. In consideration of your current strengths and weaknesses for conducting translational research, what will be the specific roles of your basic and clinical mentors in your training? **(Max. length ½ page)**
4. ***Description of Training Plan and Rationale:*** Describe your specific training goals (e.g., additional courses, readings, clinical rotations/experiences, conferences/meetings) and how they will be satisfied. **(Max. length ½ page)**
5. ***Research Proposal:*** Please describe your proposed research including specific aims, design, brief description of methods, potential pitfalls and alternative approaches, and expected outcomes. **(Max. length 1 page)**

**6. *Research Background/Experience:*** In the space provided below summarize your research experience to date. Speak specifically to any research progress made in your current program of research. **(Max. length 1 page)**

1. ***Description of Experiential Learning Opportunity:*** The NIH is now encouraging some type of experiential learning opportunity for individuals on training grants in a venue outside of the trainee’s current research team. Examples can include (but are not limited to) brief experiences with an industry partner, government agency, community organization, or health care setting. In the space provided, give an example of experiential learning (short or long) that would expand your research and broaden your understanding of the field and its application to human health and disease. These examples are not binding and will not influence the evaluation of your proposal but are intended to stimulate discussion concerning this concept.

# (Max. length ½ page)

1. ***Literature references: (no page limitation on references)***