

Preceptor Selection Verification Form

Applicant: Last: _____ First: _____ MI: _____
Preceptor: Last: _____ First: _____ MI: _____
Institute: _____
NIH/FDA Address Street: _____
City: _____ State: _____ Zip code: _____ Year: _____
NIH/FDA Telephone: _____

I. Documentation of Resources

Prior approval is no longer required to sponsor a fellow for application to the PRAT Postdoctoral Fellowship Program. Additionally, tenure track scientists are now allowed to sponsor PRAT Fellow applications. While preceptor pre-applications have been discontinued, the prospective mentor's credentials will continue to be examined as part of the joint application process. ***It is required that prospective preceptors supply a memo of recommendation from the Laboratory/Branch Chief, through the Intramural Scientific Director, that incorporates information arising from the most recent Board of Scientific Counselors' review in enough detail so as to assure the prospective preceptor's future independent access to sufficient laboratory space and resources to serve as a mentor. A brief description of the Mentor's Research Environment (laboratory space, equipment, core facilities, scientific resources) and Training Record (number of current Postdocs and other trainees, names and current positions of former Postdocs) should also be included.***

IIA. Description of Research Environment

IIB. Documentation of Training Experience

Please provide a listing of the 15 most recent fellows who were trained in your laboratory in the last 5 years.

<i>Name of Fellow</i>	<i>Dates Trained</i>				<i>Present Position</i>	<i>Were you the Official Supervisor of Record?</i>
	<i>From</i>	<i>To</i>				
	<i>Mo</i>	<i>Yr</i>	<i>Mo</i>	<i>Yr</i>		
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_____	__	__	__	__	_____	_____

III. SIGNATURE OF CONSENT

By my signature, I indicate that I intend to personally sponsor this fellow, if he/she is accepted into the PRAT Program, and that I will provide regular guidance and mentorship, as well as access to suitable laboratory space and resources. I have read and I approve of the fellow's proposed research plan. I understand that I can sponsor only one PRAT application per year. I agree to submit my biographical sketch as part of the application process.

Signature of Preceptor: _____

Typed Name of Preceptor: _____

Fax or email this form to: PRAT Program Assistant
(301)480-2802
PRAT@NIGMS.NIH.GOV

**Preceptor Biographical Sketch
for Application to the
Pharmacology Research Associate Program**

Name: _____ Position Title: _____

Education/Training

(Beginning with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training).

<i>Institution</i>	<i>City</i>	<i>State</i>	<i>Degree (If Applicable)</i>	<i>Year</i>	<i>Field of Study</i>
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____

Research and Professional Experience:

Concluding with present position list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds 25,000 characters (including spaces), select the most pertinent publications. **DO NOT EXCEED 25,000 CHARACTERS.**