

U.S. Department of Health and Human Services
Public Health Service - National Institutes of Health
**Application for
Pharmacology Research Associate Program**

1. Full Name <i>Last:</i> _____ <i>First:</i> _____ <i>MI:</i> _____	2. For assignment beginning <i>Year:</i> _____
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3. Present Home Address <i>Street:</i> _____ <i>City:</i> _____ <i>State:</i> _____ <i>Zip Code:</i> _____ <i>Country</i> _____	4. Phone # (including area code) <i>Primary:</i> _____ <i>Work:</i> _____ <i>Cell</i> _____
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5. Education and Professional Training a. Undergraduate and Graduate Names of all Universities, Colleges or Professional Schools Attended	Location				Major				Dates Attended				Degree		Degree Req Fulfilled		Conferred or to be conferred		
	City		State						From		To				Mo		Yr		
	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

b. Other Postdoctoral Fellowships, Training, or Specialized Training

c. Professional Positions Held or Expected Prior to Duty at NIH

6. Membership in Honorary Societies

- Phi Beta Kappa Omicron Kappa Upsilon
 Alpha Omega Alpha Other _____

7. References

Please list below names and addresses of three physicians and/or basic scientists closely associated with your professional career who can evaluate your clinical and research capabilities. You are responsible for requesting them to complete the enclosed evaluation forms.

	Name	Street	City	State	Zip
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____

Public reporting burden for this collection of information, including the Preceptor Selection Verification form, is estimated to average 480 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974., ATTN: PRA (0925-0378). Do not return the completed form to this address.

**Application for
Pharmacology Research Associate Program**
(Continued)

8. Previous Research or Laboratory Experience

Research Problem

Date _____
Time Spent _____
Directed By _____

Date _____
Time Spent _____
Directed By _____

Date _____
Time Spent _____
Directed By _____

Date _____
Time Spent _____
Directed By _____

Date _____
Time Spent _____
Directed By _____

9. Publications

**Application for
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(Continued)

10. Type of career planned, research, academic objectives

Provide your research plan. Give short statements and use the following format:

1. Hypothesis/Specific Aims
2. Background and Significance
3. Research Design and Methods
4. Possible Outcomes/Alternative Approaches

These sections should not exceed 3 pages or 12,000 characters (total).

11. What special training or experience do you seek at NIH?

How will this experience relate to pharmacology? Give a short statement of the significance of your training and the proposed research, and how it will prepare you to contribute to or advance the field of pharmacology.

This answer should not exceed 1 page or 4,000 characters.

- The applicant should discuss his/her plans and prepare these sections in consultation with an approved PRAT preceptor. While collaboration with the sponsor is important, the responses should be written by the applicant.
- Provide sufficient detail in order to be evaluated for scientific merit and for training potential. Eligible preceptors and descriptions of their laboratory research can be found in the PRAT Program brochure.
- Applications submitted without the preceptor's prior approval will not be accepted.

**Attachment to application for the
Pharmacology Research Associate Program**

12a. Requested Preceptor

12b. Lab Name/Institute

Last: _____ First: _____ MI: _____

13. Citizen of what Country

14. If other than the U.S., visa status

15. I certify that the above information is accurate

Check box to sign document electronically.

U.S. Other

Signature

Date _____

How did you learn of the PRAT Program?

Poster

Preceptor

Fact Sheet

NIGMS Training Website

Other (please specify): _____

**Applicant 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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Research Publications:

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. **DO NOT EXCEED 25,000 CHARACTERS.**