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# Preview for the "English" version of "NINDS Landis Mentor Award Nomination Form"

### NINDS Landis Mentor Award Nomination Form

#### **Burden Statement**

OMB#: 0925-0766 | Exp Date: 04/2023

Public reporting burden for this collection of information is estimated to average 15 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 (0925-0766). Do not return the completed form to this address.

#### Overview

NINDS invites nominations of outstanding mentors who are more than 20 years from the start of their first tenure-track or equivalent faculty position (i.e., the start date of their first tenure-track or equivalent faculty position was in calendar year 2001 or earlier). These nominees will have established a track record of mentorship, where from the earliest stage of their independent research careers they demonstrated a dedication to helping trainees towards their goal of becoming exceptional, successful, and independent scientists.

Nominations for the 2023 Landis Award will be accepted through December 15, 2022.

#### Requirements

To be eligible for this award, mentors must be in a tenure-track or equivalent faculty position and hold an active NINDS R01, R35, U01, U54, P01, DP1, DP2 or equivalent, 4-5 year duration NIH award, with at least one year left on their grant in June 2023. See a detailed description of this award.

All fields are required.

#### Nominate a Mentor

Mentor's First Name \*

Mentor's Last Name \*

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Mentor's Last Name *	
Mentor's Email *	
Mexitor's Institution *	
First year of first tenure-track position *	
- Select -	~
Your Information	
First Name *	
Last Name *	
Current Institution *	
Current Position *	
Position when mentored *	
Mentored from date(year) *	
Mentored to date(year) *	
Relationship to nominee *	

## Please describe the basis for this nomination

Your description should include:

#### Please describe the basis for this nomination

#### Your description should include:

B

- What made/makes the nominated individual an exceptional mentor/trainer
- What are specific examples of extraordinary dedication to mentorship you personally experienced or witnessed
- By what specific activities/approaches does the nominee ensure that trainees conduct the highest quality research with respect to scientific premise, experimental design and analysis
- In what specific ways, or by what actions or approaches, has the nominee influenced your growth as a neuroscientist.

About this mentor	
Description *	
	To .
Inquiries	
Please direct all inquiries to:	
Stephen Korn, Ph.D.	
Director, Office of Training and Workforce Development	
Submit	
Was this page helpful? O Yes O No	
Next	
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