#### **BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FIVE PAGES.** 

### NAME:

# eRA COMMONS USER NAME (credential, e.g., agency login):

#### POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Start Date MM/YYYY	Completion Date MM/YYYY	FIELD OF STUDY

# Please provide race and ethnicity data for the program's Principal Investigator:

	Ethnic Categories									
Racial	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			Total
Categories	Female	Male	Unknown / Not Reported	Female	Male	Unknown / Not Reported	Female	Male	Unknown / Not Reported	
American Indian/ Alaska Native	0	0	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0
Black or African American	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0
More than One Race	0	0	0	0	0	0	0	0	0	0
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

# Please provide race and ethnicity data for the program's key staff:

	Ethnic Categories										
Racial Categories	Not Hispanic or Latino			Hispanic or Latino			Unknown/Not Reported Ethnicity			Total	
	Female	Male	Unknown/ Not Reported	Female	Male	Unknown / Not Reported	Female	Male	Unknown/ Not Reported		
American Indian/ Alaska Native	0	0	0	0	0	0	0	0	0	0	
Asian	0	0	0	0	0	0	0	0	0	0	
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	
Black or African American	0	0	0	0	0	0	0	0	0	0	
White	0	0	0	0	0	0	0	0	0	0	
More than One Race	0	0	0	0	0	0	0	0	0	0	
Unknown or Not Reported	0	0	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	0	0	

### A. Personal Statement

**B.** Positions and Honors

**C.** Contributions to Science

**D.** Related experience

YEAR	COURSE TITLE / Scholastic Performance/ Award	GRADE

### E. Additional Information: Research Support and/or Scholastic Performance/Awards

Public Burden Statement: 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. The OMB control number for this project is 0906-XXXX. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.