Application for Pain Research Program
Postdoctoral Fellowship
2024/2025

Applicant Information:

Name (last, first, m.i.): _____

Campus Address: _____   Campus phone: _____

ORCID: _____   eRA Commons ID: _____

Gender: ☐ Male ☐ Female ☐ _____

Citizenship Status: (**J1 visa is not an eligible status**)

☐ U.S. Citizen or Noncitizen National

Non-U.S. Citizen
☐ With a Permanent U.S. Resident Visa ("Green Card")

If not a U.S. citizen, of which country are you a citizen? _____

Ethnic Status: ☐ Hispanic or Latino   ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ Black or African American
☐ White

As defined in NIH's Notice of Interest in Diversity

Do you have a disability?
☐ Yes ☐ No ☐ Do not wish to provide

Are you from a disadvantaged background?
☐ Yes ☐ No ☐ Do not wish to provide

University of Iowa Affiliation:

Department: _____

Postdoctoral mentor: _____

Date started postdoctoral studies: _____   Estimated date of completion: _____

*** I have taken the Online CITI Training   ☐ yes   ☐ no

Education: (Undergrad and Graduate Degrees)

INSTITUTION, DEPT. & LOCATION	Mo. & Yr. Attended From To	Degree	Field	Date (Mo. & Yr.) Received
(most recent)				

Employment: After College *(includes military service, internships and residencies)*

NAME AND LOCATION OF EMPLOYER	Occup. or Position Title	FROM Mo. & Yr.	TO Mo. & Yr.
(most recent)			

List your mentor's current grant support in the space provided below.

AGENCY	Number (if applicable)	Title	Dates From To	Current Yr Direct Cost

List trainees your mentor currently supervises directly, not including yourself (If none, please enter "none"):

Graduate Students	Postdocs

Honors and/or Awards:

Publications, Abstracts or Presentations:

Scientific/Research Experience: Briefly in ½-1 page, summarize your scientific and/or research experience to date. Do not list academic courses here.

<u>Describe your Career Goals:</u> (½ page)

Describe how your career goals and scientific research will benefit from pain research training: (½ page)

Description of Proposed Project:

Project Title: _____

Specific Aims: (1 page)

Research Proposal: (up to 2 pages, not including references)

Research Proposal: (continued)

Federal Training Support:

Are you applying for concurrent training support from a federal agency? ☐ Yes ☐ No

Have you ever received any federal training support? ☐ Yes ☐ No

If the answer to either of the above is "yes", describe all grants, scholarships, and fellowships below.

Source	Award # (if applicable)	Dates (from – to)

Letters of Recommendation: (2-page limit for each letter)

Please ask for letters of recommendation from two referees who can comment on training and potential for conducting Pain Research. One of these should be your faculty mentor. Referees should email their letter to Linda Buckner, linda-buckner@uiowa.edu.

	Name and Email	Title and Department
1.		
2.		

Questions:

Please contact: Linda Buckner
                         phone: (319) 335-7946
                         email: linda-buckner@uiowa.edu

You may also contact the Co-PI's of this training grant: Yuriy Usachev, Ph.D.
                         phone: (319) 335-9388
                         email: yuriy-usachev@uiowa.edu

                         Kathleen Sluka, PT, Ph.D.
                         phone: (319) 335-9799
                         email: kathleen-sluka@uiowa.edu

Deadline for receipt of applications AND letters of recommendation is Friday, June 14, 2024.
Applications should be sent electronically; save as a pdf file with your name in the file name (example: LastName_PainT32App). Please send the pdf file by e-mail to linda-buckner@uiowa.edu.

<u>TO WHOM IT MAY CONCERN</u>:

I, the applicant, hereby give permission to the Pain Research Program Executive Committee to examine and reproduce materials in my confidential files for the purpose of evaluating my application.

Signature: _____   Date: _____

Checklist for application (please complete)

☐ 1. Completed application form

☐ 2. Requests made for 2 letters of support

☐ 3. Biosketch of applicant's faculty mentor