

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

As defined in [NIH's Notice of Interest in Diversity](#)

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

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 1/2-1 page, summarize your scientific and/or research experience to date. Do not list academic courses here.

Describe your Career Goals: (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 ongoing.

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.

TO WHOM IT MAY CONCERN:

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