Application for Pain Research Program
Predoctoral Fellowship
2026/2027

Applicant Information:

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

Campus Address: _____ Campus phone: _____

ORCID: _____ eRA Commons ID: _____

Gender: ☐ Male ☐ Female ☐ _____

Citizenship Status: (**F1 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: (Attach copy of current UI transcript – unofficial transcripts acceptable)

Graduate Program: _____ PhD mentor/advisor: _____

MSTP ☐ yes ☐ no Mentor department: _____

Date started PhD program: _____ Comprehensive exam taken?: ☐ yes ☐ no

If no, anticipated date (mo/yr): _____

Current UI GPA: _____ Estimated date for completion of PhD: _____

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

Undergraduate Degree, Training: (Attach copy of undergrad transcript – unofficial transcripts acceptable)

Institution: _____ Degree awarded: _____

Date awarded (mo/yr): _____

Undergraduate major(s): _____ GPA: _____

Post-Baccalaureate Education/Training:

Institution: _____ Degree awarded: _____

Date awarded (mo/yr): _____

Area of study: _____ GPA: _____

Months of Prior, Full-Time Research Experience:
Prior, full-time research experience indicates research experience gained before starting your graduate PhD program at the University of Iowa.

- Enter the total number of months of prior, full-time research experience.
- For many individuals, this value will reflect months of summer research experience or full-time research experience following college.
- For those with part-time, academic-year research experience for academic credit, convert the part-time experience to full time (e.g., 15 hours/week for 8 months = 3 months).
- Do not include labs associated with a course (e.g. organic chemistry course with lab).
- If you completed a master's degree prior to acceptance into your current graduate PhD program, that research experience should be counted.

Enter the number of months of prior, full-time research experience _____

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 and Presentations:

Scientific/Research Experience: Briefly in ½-1 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 NRSA training support? ☐ Yes ☐ No
If the answer to either of the above is "yes", list fellowship and/or training grant 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 current PhD research 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, 335-7946, linda-buckner@uiowa.edu

You may also contact the Co-PI's of this training grant:

Yuriy Usachev, Ph.D., 335-9388
yuriy-usachev@uiowa.edu

Kathleen Sluka, PT, Ph.D., 335-9799
kathleen-sluka@uiowa.edu

Deadline for receipt of applications AND letters of recommendation is Friday, August 14, 2026.
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: _____

I, the thesis mentor, hereby confirm that I have provided guidance for the applicant's thesis project, but that the "Research Proposal" was written by the applicant. If I am considered a junior mentor who has yet to graduate a student, I agree to select a more senior co-mentor for the student (to be named at appt.).

Signature: _____ Date: _____

Checklist for application (please complete)

- ☐ 1. Completed application form
- ☐ 2. Current UI transcript (unofficial accepted)
- ☐ 3. Undergraduate transcript (unofficial accepted)
- ☐ 4. Biosketch of applicant's faculty mentor
- ☐ 5. Requests made for 2 letters of support