



TRAINING PROGRAM IN NEUROBEHAVIORAL GENETICS POSTDOCTORAL TRAINEE APPLICATION COVER PAGE

Title of Proposed Research: _____

Applicant Name (Last, First): _____

Mentor: _____ Home Department: _____

Mentor's Fund Manager: _____ Mentor's Administrator: _____

Total Years of Postdoc Experience*: _____ Postdoc Start Date (MM/YYYY): _____

(*At the time of application, candidate must not have more than 4 years of experience combined at UCLA & other institutions.)

eRA Commons ID: _____ UCLA UID (9 Digits): _____ UCPATH Employee ID (8 Digits): _____

Primary E-mail: _____ Phone: _____

Mailing Address: _____

Gender: _____ Date of Birth (MM/DD/YYYY): _____ Status: US Citizen Permanent Resident*

(*Include proof of status.)

*The following (3) questions are **optional** and intended to collect demographic data that will inform how equity, diversity, and inclusion may be advanced within the training program. The participation of individuals from groups that are underrepresented in the biomedical, clinical, behavioral, and social sciences is highly encouraged. **Any answers you choose to provide as an applicant will be kept confidential.** However, the training program will be required to report to NIH the percent of individuals from groups that are underrepresented as defined by the [NOT-OD-20-031](#).*

1. What is your racial identity?

(Please check all that apply.)

- American Indian or Alaska Native
- Black or African American
- Asian
- White
- Native Hawaiian or other Pacific Islander
- Intentionally Withheld

2. Do you consider yourself Hispanic/Latino?

- Yes
- No
- Intentionally Withheld

3.a. Do you have a disability (physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](#))?

- Yes
- No
- Intentionally Withheld

3.b. If willing to specify, what type of disability do you have? (e.g. Hearing, Visual) _____



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APPLICANT EDUCATION HISTORY

Institution	City, State, Country	Degree Completed (B.A. and onward)	Date Completed (MM/YYYY)	Major/Field of Study	GPA
		B.A.			

GRE Scores (Optional) Verbal: _____ Quantitative: _____ Analytical: _____ Subject: _____

APPLICANT POSTDOCTORAL EXPERIENCE

Institution	City, State, Country	Date Started (MM/YYYY)	Date Ended (MM/YYYY)	Field of Study	Duration (Years)	Duration (Months)
UCLA						



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APPLICANT FUNDING HISTORY

If you have received NIH Training grant support in the past, please specify below:

Awarding Agency	Institution	Award Name	Award Period (MM/YYYY – MM/YYYY)

If you currently are supported by a training grant or other fellowship, please specify below:

Awarding Agency	Award Name	Award Period (MM/YYYY – MM/YYYY)

Attachments: Current CV Statement of Objective Personal/Research Statement Published/Submitted Grants and/or Paper