APPLICATION FOR NIH POSTDOCTORAL MULTIDISCIPLINARY TRAINING PROGRAM IN BASIC DIABETES RESEARCH

Division of Metabolism, Endocrinology, and Diabetes
University of Michigan Medical School
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https://medicine.umich.edu/dept/intmed/divisions/metabolism-endocrinology-diabetes/education-training/multidisciplinary-postdoctoral-training-program-basic-diabetes-research-t32dk101357

We welcome you to apply for one of our four post-doctoral training positions available. You will be competing for one year of support with the possibility of a second year of funding, pending progress and productivity.

Purpose:
Postdoctoral Fellowships have been established through an NIH-supported Training Grant (T32DK101357), entitled, “Multidisciplinary Training Program in Basic Diabetes Research.” This program provides an opportunity for postdoctoral fellows to pursue training in diverse aspects of diabetes research. Training grant preceptors fall into major interest groups across the spectrum of type 1 and 2 diabetes research – islet biology, autoimmune diabetes, adipocyte biology, neuronal regulation of metabolism, mechanisms of insulin resistance, metabolic control in liver and muscle, and diabetes complications - each area containing investigators pursuing basic research with potential translational applicability.

Eligibility:
The applicant must:
   a) have a Ph.D. or equivalent degree(s) and a desire for a career in diabetes research
   b) have a doctoral degree and have no more than three years of postdoctoral training
   c) be a U.S. citizen or permanent resident
   d) submit their application by June 1st, 2019

Mentor requirements:
1. The mentor and co-mentor (if applicable) must provide a recent NIH style Biosketch and Other Support pages, or the equivalent.

2. The mentors must provide a Letter of Support describing:
   a) The trainee’s strengths and appropriateness for the award.
   b) The involvement of each laboratory in the training program; each mentor must state what aspects of the training he/she will be involved in, describing specifically the elements of the laboratory setting or areas of expertise that are important to the success of the interdisciplinary project.
   c) The procedures that will be followed by the mentors to monitor trainee progress and deal with unexpected findings.

3. Mentor Biosketch, Other Support, and Letters of Support should be sent electronically by June 1st, 2019 to:
   Martha Rhodes
   Division of Metabolism, Endocrinology and Diabetes
   University of Michigan Medical School
   Phone: (734) 232-2252
   Email: marrhode@med.umich.edu
Trainee requirements:

1. Applicants should complete the Application Form found below.

2. Postdoctoral trainees should submit a brief Research Proposal (maximum three pages*).
   a) Specific Aims
   b) Background and Significance (include preliminary results, if any, in this section)
   c) Experimental Approaches and Limitations

*Copies of relevant publications by the trainee may be submitted as an appendix.

3. In addition to a letter from the mentor, the trainee should provide one additional Letter of Reference. The letter should address the trainee’s academic qualifications, intellectual strengths and probability for success in carrying out an interdisciplinary project. All recommendation letters must be received by June 1st, 2019.

4. The trainee should also submit their updated curriculum vitae. Please include citizenship, mailing or electronic mailing address, degrees, professional and honorary societies, thesis and publications, previous training support, and copies of undergraduate and graduate transcripts.

Note that this is a federally-funded award which mandates a Payback Agreement for Postdoctoral Trainees.

Application Checklist
• Application Form (see below)
• Trainee CV
• Research Proposal
• Publications (if applicable)
• One additional Letter of Reference
• Participating Mentors: NIH Biosketch, Other Support, Letter(s) of Reference

Send a PDF of your completed application to marrhode@med.umich.edu by June 1st, 2019.
Please ask for confirmation of receipt of application.

It is the policy of the University of Michigan to comply with the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1973, and other applicable federal and state laws that prohibit discrimination on the basis of disability.
Application Form - NIH POSTDOCTORAL MULTIDISCIPLINARY TRAINING PROGRAM IN BASIC DIABETES RESEARCH

Applicant Name: ________________________________________________________________

Employee ID Number: __________________________________________________________

Department: _________________________________________________________________

Title of Proposal: ______________________________________________________________

Campus Address/Box: _________________________________________________________

Campus Phone: ________________________ Email: _______________________________

Applicant’s Citizenship Status: ________________________________________________

Contact info of administrative individual in your department: _____________________

__________________________________________________________________________

Have you been appointed to a NIH training mechanism in the past? ______(yes/no)
If “yes,” please indicate your status when on the NIH training mechanism:

Predoc: ____________________________ Number of years funded: _________

Postdoc: ___________________________ Number of years funded: _________

Primary Mentor: _____________________ Department: ____________________________

Title: ________________________________________________________________

Campus Address/Box: ________________________________________________________

Campus Phone: ________________________ Email: _______________________________
Collaborating Mentor (if relevant): ___________________ Department: __________

Title: __________________________________________________________

Campus Address/Box: ________________________________

Campus Phone: _______________ Email: ______________________________

1. □ Check here if this project involves Human Subjects. Provide IRB numbers and approval dates ________________________________________________________

□ Check here if this project involves Animal Use. Provide UCUCA numbers and approval dates ________________________________________________________

2. □ I am currently supported by another training grant or fellowship. This fellowship will expire on ____________.

□ I have had _______ previous years of NRSA support.

□ I am not currently supported by another training grant or fellowship and do not anticipate support from another training grant/fellowship within the next year.

□ I am also applying to other training grants/fellowships (please list below).

3. ____ Minority code:

1 American Indian or Alaskan Native
2 Asian
3 Black or African American
4 Hispanic or Latino
5 White
6 Native Hawaiian or other Pacific Islander
0 Use this code if you would prefer not to provide this information

4. Applicant Signature: _______________________________________________