



**Advanced Research Training in Otolaryngology Program (ARTOP)
Training Grant (T32 DC005356)**

POST-DOCTORAL APPLICATION FORM

| APPLICANT INFORMATION | |
|--|--|
| Name | Phone |
| Address | Email |
| City/State | Zip |
| Please list other fellowships/programs you are currently applying to: _____ _____ _____ | |
| RESEARCH ACTIVITIES | |
| Name of ARTOP Mentor(s): See list of mentors on ARTOP website. | Have you received previous support from an Institutional NIH training grant? See below.* <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ARTOP research project proposed with mentor names above. You may attach document as needed. 250 word limit. | |
| List another mentor and project that you considered. | |
| Post-doctoral Research Description. You may attach document as needed. 250 word limit. | |
| *If you have received support from an NIH training grant (see above), indicate the dates of support, the title of the grant or grant number. | |

**ARTOP POST-DOCTORAL
APPLICATION DATES**

Applications are accepted on a continuing basis until all positions are filled.

APPLICATION PROCEDURE

A COMPLETE PRE-DOCTORAL APPLICATION CONSISTS OF THIS COMPLETED FORM AND THE FOLLOWING ADDITIONAL DOCUMENTS:

- A one page letter from the trainee describing interest in the ARTOP training program, career goals and the research training will help achieve those goals.
- One Letter of Recommendation.
- A CV listing previous publications and abstracts.
- After a faculty mentor has agreed to sponsor a post-doctoral application, the applicant must also submit a supporting letter from the proposed post-doctoral research training mentor and a brief research proposal describing the intended post-doctoral research (up to 3 pages).

SUBMISSION

Please send your ARTOP application as one pdf file by email to jrblake@umich.edu or you may mail your application to the address listed below.

Advanced Research Training in Otolaryngology Program
Department of Otolaryngology
4605 Med Sci II
1150 W. Medical Center Drive
Ann Arbor, MI 48109-5616

PH:734-763-5087
ARTOP@med.umich.edu

APPLICATION DUE DATE IS DECEMBER 1

IMPORTANT NOTE:

Applicants should read and understand the NRSA Payback Agreement terms.
The agreement can be found at: <http://grants.nih.gov/grants/funding/416/phs6031.pdf>