



APPLICANT DATA FORM

Name _____	Credentials _____
Department/Division _____	eRA Commons User Name _____
Campus Address _____	
Email _____	Phone _____
Dept. / Division Administrator Name _____	
Administrator Contact Information _____	

Proposed Research Project Title

Primary NUPEDHA Mentor

- Ronald Ackermann, MD (General Internal Medicine)
- Grant Barish, MD (Endocrinology)
- Joseph Bass, MD, PhD (Endocrinology)
- Daniel Battle, MD (Nephrology)
- Serdar Bulun, MD (OB/GYN-Reproductive Biology)
- Richard D'Aquila, MD (Infectious Disease)
- Amani, Fawzi, MD (Ophthalmology)
- Alfred George, MD (Pharmacology)
- Richard Green, MD (Gastroenterology & Hepatology)
- William Grobman, MD (OB/GYN-Maternal-Fetal Medicine)
- Geoffrey Hayes, PhD (Endocrinology)
- Congcong He, MD (Cell & Developmental Biology)
- Tamara Isakova, MD MMsc (Nephrology)
- Jamie Josefson, MD (Pediatrics)
- Namratha Kandula, MD (Preventative Medicine)
- Abel N Kho, MD (Preventative Medicine) *Co-Mentor
- William Lowe Jr., MD (Endocrinology)
- Aline Martin, PhD (Nephrology)
- Elizabeth McNally, MD PhD (Biochemistry & Molecular Genetics)
- Milan Mrksich, MD (Engineering and Cell & Developmental Biology) *Co-Mentor
- Matthew O'Brien, MD (Preventative Medicine)
- Clara Bien Peek, PhD (Biochemistry & Molecular Genetics)
- Susan Quaggin, MD (Nephrology)
- Denise Scholtens, MD (Preventative Medicine) *Co-Mentor
- Justin Starren, MD, PhD (Preventative Medicine) *Co-Mentor
- Bonnie Spring, PhD (Preventative Medicine)
- Margrit Urbanek, PhD (Endocrinology)
- Douglas Vaughan, MD (Cardiology)
- Linda Van Horn, MD (Preventative Medicine)
- Amisha Wallia, MD (Endocrinology & Preventative Medicine)



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NRSA Program Eligibility

Type of appointment applying for:

- Pre-doctoral Which program are you enrolled in? DGP IBiS NUIN
 Postdoctoral

Have you received prior NRSA support?

- No
 Yes If yes, provide period(s) of support: _____

Are you currently receiving any type of grant support (e.g. NRSA, NIH-sponsored minority supplement) that would preclude you from beginning an NUPEDHA appointment on July 1, 2023?

- No
 Yes If yes, provide available start date (must be by Sept. 1, 2023) _____

DEMOGRAPHIC INFORMATION REQUIRED BY NIH

Citizenship (Mark one) <input type="checkbox"/> U.S. Citizen or Noncitizen National <input type="checkbox"/> Permanent Resident* (Non-U.S. Citizen with currently valid verification of residency status) Country of citizenship (if not U.S.): _____ *Permanent residents should include a copy of current Permanent Resident Card "Green Card" (USCIS Form I-551) with application.	Ethnicity (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer Gender (Mark one) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to answer	Race (Mark one or more) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Prefer not to answer
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SIGNATURES

APPLICANT

I have completed this application form to the best of my knowledge. I understand that application requirements and terms of eligibility must be met before an appointment as an NUPEDHA trainee can take effect.

Signature _____ Date _____

Print Name _____

MENTOR

I agree to serve as this trainee's primary mentor if he/she is awarded an NUPEDHA appointment. I have provided a letter of commitment outlining my support of and my role in the trainee's project.

Signature _____ Date _____

Print Name _____