Northwestern University Program in Endocrinology, Diabetes and Hormone Action (NUPEDHA)



APPLICANT DATA FORM

Name	Credentials		
Department/Division	eRA Commons		
	User Name		
Campus Addiess			
Email	Phone		
Dept. / Division Administrator Name			
Administrator Contact Information			
Proposed Research Project Title			
Primary NUPEDHA Mentor ☐ Ronald Ackermann, MD (General Int ☐ Nabil Alshurafa, PhD (Preventive Me ☐ Guillermo Ameer, ScD (Surgery) ☐ Stacy Bailey, PhD, MPH (Internal Me ☐ Grant Barish, MD (Endocrinology) ☐ Joseph Bass, MD, PhD (Endocrinolog ☐ Rosemary Braun, PhD (Molecular Bider) ☐ Serdar Bulun, MD (OB/GYN-Reprodue) ☐ Richard D'Aquila, MD (Infectious Diseed) ☐ Amani, Fawzi, MD (Ophthalmology) ☐ Alfred George, MD (Pharmacology) ☐ Andrea Graham, PhD (Medical Sociate) ☐ Richard Green, MD (Gastroenterology) ☐ Andrea Graham, PhD (Medical Sociate) ☐ Richard Green, MD (Cell & Developme) ☐ Tamara Isakova, MD MMsc (Nephroen) ☐ Jamie Josefson, MD (Pediatrics) ☐ Namratha Kandula, MD (Preventive Medicine) ☐ William Kath, PhD (Engineering & Apple	edicine & Engineering) edicine & Geriatrics) egy) gy) gy) osciences) uctive Biology) ease) al Sciences & Preventive Medicine) gy & Hepatology) () leental Biology) logy) Medicine) oplied Mathematics & Neurobiology) lee) *Co-Mentor Psychiatry and Behavioral Sciences) mistry & Molecular Genetics) Cell & Developmental Biology) *Co-Mentor cine & Preventive Medicine) & Molecular Genetics) ledicine) *Co-Mentor y) ledicine) *Co-Mentor y) ledicine) *Co-Mentor y) ledicine) *Co-Mentor y) ledicine)		

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NRSA Program Eligibility				
Type of appointment applying for: ☐ Pre-doctoral Which pr☐ Postdoctoral	ogram are you enrolled in?	□ DGP □	□ IBiS □ NUIN	
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 a NUPEDHA appointment anytime during this award year, which is July 1, 2024 – June 30, 2025?				
☐ Yes If yes, provide available start date				
DEMOGRAPHIC INFORMATION REQUIRED BY NIH				
Citizenship (Mark one)	Ethnicity (Mark one)	Race (Mark on	e or more)	
☐ U.S. Citizen or Noncitizen National	☐ Hispanic or Latino ☐ Not Hispanic or Latino	•	dian / Alaska Native	
☐ Permanent Resident* (Non-U.S. Citizen with currently valid	☐ Prefer not to answer	☐ Native Hawaiian or Pacific Islander☐ Black or African American☐ White☐ Prefer not to answer		
verification of residency status) Country of citizenship (if not U.S.):	Gender (Mark one)			
*Permanent residents should include a copy of current Permanent Resident Card "Green Card" (USCIS Form I-551) with application.	☐ Female☐ Male☐ Non-binary☐ Prefer not to answer			
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				