<u>IMPORTANT:</u> This file must first be converted into Word format. Once you download/save this file on your computer, <u>RIGHT-CLICK</u> the filename and select "<u>OPEN WITH</u>" then select "<u>Microsoft Word</u>" and begin editing. Alternately, to **convert** a **PDF** file to **Word**: Open a file in Acrobat. Click on the **Export PDF** tool in the right pane. Choose Microsoft **Word** as your **export** format, and **then** choose **Word** Document. Click **Export**. Name the **Word** file and **save** it.

# TMC Training Program in Antimicrobial Resistance (TPAMR)

For Postdoctoral Trainees: PhD, MD, PharmD, MD/PhD

# **FELLOWSHIP APPLICATION FORM**

due date: March 20, 2023

Instructions are highlighted and should be deleted before submitting your application form.

All fields are required, unless noted otherwise. Note N/A if not applicable.

Save this application as a Word file in this format: "Last name\_TPAMR\_applic\_date"

Gender:				
Trainee departme	nt and institution:			
Date you started y	our current postdoc posit	ion (name of month, da	te and year):	
Current Mentor (la	ab in which you work) <b>, Dept</b>	, Institution:		
	R for TPAMR: The primar period, trainees will meet i		e interview with the applicant. nary mentor.	During
Name	Department	Institution	Email	
complementary ex appointment perion mentorship will fo	xpertise. Co-mentors will a od, trainees will meet twic	attend the interview w e annually with their c urage trainees to keep	ill select 2 co-mentors with ith the applicant. During the o-mentors. This multidisciplina an "open mind" approach with	•
Name	Department	Institution	Email	

**Academic and Training Background** 

Trainee first, middle, and last/family name:

Current primary source of stipend				
Prior fellowship				
(F31/32) or training				
grant support as a postdoc				
,				
Degrees:	Institution	Field of study	Date degree	GPA
begin list with doctoral			received, or	
/ Master's / then			anticipated date of	
<mark>undergraduate.</mark>			receipt	
			(use name of month)	
	_			
GRE/MCAT scores	Raw:		Percentile:	
(OPTIONAL)				
GRE Verbal score				
GRE Quantitative score	9			
GRE Analytical score				
MCAT score				

Total amount of

stipend

Dates of

support

Postdocs / PhD degree: Title of doctoral thesis:

Thesis advisor, Dept, Institution:

Place of Residency (Dates/Dept/Institution)

Clinical Fellows / MD and PharmDs in clinical programs:

Current fellowship program (Expected date of graduation):

**Current Grant support of trainee's stipend** (required):

Agency and mechanism:

e.g. CA R01, GM F32

Describe the proposed research and how it explicitly connects to antimicrobial resistance research.

#### (OPTIONAL) Laymen's project description (limit 250 words):

This information is OPTIONAL for the application, but will be required after appointment.

A description understandable to a general audience (like a newspaper) – will be used in grant progress reports.

MENTORING AND TRAINING PLAN\* (limit 400 words): \*Special emphasis should be placed on this section.

In your own words, provide a brief description of the plan you and your mentors have jointly developed to achieve your career goals. Include:

- 1. research training: what specific skills / knowledge / training will you acquire from each mentor during your appointment; whose lab meetings and journal clubs you will attend; how will the mentors collaborate to train you.
- 2. personal and career development: specific oral and written communication skills you need to improve, and which workshops / training you will take to improve them (include month/year when they will be taken).
- 3. presentations: national conferences at which you will present your research (and month/year they will be).
- 4. estimated timeline for completion of your project and specific milestones to be achieved, including publications from this project.

#### CAREER GOALS (limit 250 words):

#### Describe:

- 1. your short term and long term career goals
- 2. how your goals relate to this training program
- 3. the education, training and other career development experiences you will need to achieve your career goals, and how this training program will help you achieve them better / more fully than what you are doing now.

#### PLANNED CURRICULUM / WORKSHOPS:

- 1. In one or two sentences, describe your previous academic training that relates to your TPAMR project:
- 2. In the table below, provide details about the courses/workshops you would like to take <u>during</u> your up to 2-year TPAMR appointment complete all sections and include a timeline. Include the submission of a career grant.

Course/workshop category	Course name, number, and institution, if applicable	Credit hours, if applicable	Semester and year you plan to take this OR course details, if completed (incl. date and grade received)
Foundations	TPAMR Foundations (offered each Fall)		
Biostatistics			
Grant writing			
Rigor & Reproducibility workshop	Offered Spring and Fall		

Responsible Conduct of Research		
Submission of career		
grant		
Pharmacokinetics/		
Pharmacoynamcs		
courses (optional)		
Clinical Research		Interested?
rotaion in Columbia		Yes or Not at this
(optional)		Time
Planned Conferences		
Other (optional)		

# **Brief Individual Development Plan (IDP)**

# Career plans:

Plan A: e.g. faculty position Long-term career goal: Short-term goal:

Plan B: e.g. job in industry Long-term career goal: Short-term goal:

#### (OPTIONAL) Skills

This information is OPTIONAL for the application, but will be required after appointment

#### <u>List 2-4 of your skills that need improvement:</u>

Examples: developing/managing budgets, how to interview, networking for job contacts, statistical skills, grant writing, teaching, dealing with conflict, delegating responsibilities, improving oral presentation skills, etc.

- 1.
- 2.
- 3.
- 4.

# (OPTIONAL) Goals

This information is OPTIONAL for the application, but will be required after appointment

#### Goals for the 12 months, including those that will improve your skills:

Include goals listed for the upcoming 12 months, starting with the month after your interview. Include presenting at the Keck Annual Research Conference in October. To save space, do not include attending Keck Seminars and monthly trainee meetings in your goals.

# 1. Professional and career development workshops you will attend in the next 12 months

Examples:

Sept 2023 Workshop on how to improve and use your LinkedIn profile

Dec 2023 Research mentor training

Feb 2023 Workshop on starting a lab

June 2023 Workshop at institution X on developing a grant budget (or interviewing skills, negotiating to minimize conflict, etc.)

List only workshops that actually will be offered the months you name.

# 2. Timeline and steps for preparing, writing, and publication of papers on your TPAMR project Example:

Nov 2024: finish gathering data

Dec 2024: Test the application of your algorithm, refine the systems

Jan 2025: data analysis Feb 2025: finish data analysis

Mar 2025: draft figures, abstract, and specific aims

Continue through when you anticipate submitting a manuscript. Include every month from July 2023 to June 2024 or beyond.

# 3. Required grant writing course.

This may be a multi-month grantsmanship course at your institution, such as UTH's Grants 101 or Grants 102. (name months it will be offered), or the MD Anderson 1.5 day course (1 day on R01s, 1/5 day on K awards), offered either in Spring or Fall.

Estimated completion date of the grant proposal (K01, R21, other; please specify):

4. Plans for conference presentations on your TPAMR project in the next 12 months
List anticipated conference names and dates, and types of presentations: oral, poster, podium, abstracts

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Hanne		iativii.

**Start date,** if other than July 1, 2023:

Administrator's phone number (required):

Administrator's email (required):

Citizenship: delete the non-applicable ones
US Citizen / Dual Citizen / Permanent Resident with a Green Card

**Ethnicity** (required for reporting): choose as many as are applicable from: African-American, Asian, Caucasian (including Middle East), Native Indian, Native Alaskan, Pacific Islander (Native Hawaiian, Samoan)

Work email (required):
Personal email (e.g. gmail – required):
Birthdate (name the month):
Local home address:
City, state, zip code:
Address valid until:
Work phone (required):
Cell phone (required):
Department administrator (required):

Name of trainee's department administrator responsible for processing stipend and fellowship paperwork: