

**Predocutorial / Postdoctoral Applicant Information**

Please download a copy of this form to your desktop first. You may encounter issues if opening the form directly from your browser.

**\*\*\*IMPORTANT, PLEASE READ:** - It is highly recommended that YOU or your PRIMARY MENTOR reach out to the designated TPEHS Steering Committee member at your institution to discuss your background and project prior to completing this application. List of institutional representatives is located at the bottom of this form.

First Name:  Middle Initial:  Last Name:

Birthplace:  Citizenship:

Birthdate:  Gender:  Phone Number:

Requested Trainee Level of Support:  Institutional email:

Personal email:

Current Address:  Current Institution:

Department or Graduate Program:

Date Started Current Graduate Program or Postdoc:  Graduate GPA:

**Primary Mentor**

Name	Department	Institution	Email

**Secondary / Co-Mentor(s)**

Name	Department	Institution	Email

**Testing Information**

MCAT (if applicable):

OPTIONAL GRE General:

Verbal Raw:  Quantitative Raw:  Analytical Raw:

Verbal Percentile:  Quantitative Percentile:  Analytical Percentile:

**Education**

List all prior institutions where you have earned a degree, beginning with the most recent (prior to your current program).

Institution #1:  Degree:  Degree Date:

Field of Study:  GPA:

Institution #2:  Degree:  Degree Date:

Field of Study:  GPA:

Institution #3:  Degree:  Degree Date:

Field of Study:  GPA:

**Predocutorial students:** PhD Subject Area:

Anticipated Degree Month/Year:

**TPEHS Project Information**

Project Title:

*For this section, please attach a document to your application package with the following components and email as a single PDF to [el53@rice.edu](mailto:el53@rice.edu). All sections MUST be completed!*

- 1. Project Description (max 750 words):** Explain the biological problem you are addressing, and the environmental approaches you are using to solve it.
- 2. Layperson's Project Description (max 250 words):** Note, a layperson's description is a simple description that would be understandable by someone with only a basic science background. It is for general purposes only and should describe relevance to human health.
- 3. Mentoring and Training Plan (max 400 words):** Provide a brief description of the plan you and your mentors have jointly developed to achieve your stated career goals. Include what specific skills/ knowledge/ training you will acquire from each mentor during your appointment. Include any anticipated didactic course work, anticipated research training, lab meetings, journal clubs, enrichment activities and personal development (e.g. writing and speaking skills), professional meetings to be attended, etc. The plan should include an estimated timeline for completion of the graduate training program (or postdoctoral fellowship) and specific milestones to be achieved. Again, this plan should be jointly developed by you and your mentors (mentors will confirm this in their Recommendation Letters).
- 4. Grant Support:** List all current and previous grant support (federal or otherwise) supporting your project/stipend, including any previous or current training grant or training fellowship support. Include the project title, grant sponsor, total award amount, and dates of support.
- 5. Publications:** Provide a list of all your peer-reviewed publications, abstracts, patents, patent applications. PMID numbers must be included, where applicable. The preferred format for manuscript publications is as follows:

*Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002 Jul 25;347(4): 284-7.*

**6. Brief Individual Development Plan:**

**Career Plans**

Plan A: e.g. faculty position	and	Plan B: e.g. job in industry
Long-term career goal:		Long-term career goal:
Short-term goal:		Short-term career goal:

**List 2-4 of your skills that need improvement**

*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.*

**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, October 25, 2024. Do not include attending Keck Seminars and monthly trainee meetings.*

**a. Professional and career development workshops you will attend in the next 12 months**

*Examples:*

*Research Mentor Training Workshop for Postdocs;  
 Mentoring Up Workshop for Predocs  
 Pathway to Independence: Submitting K99/R00 Workshop  
 Resume DNA for Seeking Jobs Outside of Academia*

**b. Timeline and steps for preparing, writing, and publication of papers on your TPEHS project**

*Example:*

*May 2025: finish gathering data  
 June 2025: Test the application of your algorithm, refine the systems  
 Jul 2025: data analysis  
 Aug 2025: finish data analysis  
 Sept 2025: draft figures, abstract, and specific aims*

*Continue through when you anticipate submitting a manuscript. Include every month from Sept 2024 to July 2025 or beyond.*

**c. Required grant writing course or workshop.**

*Trainees must participate in at least one manuscript or grant writing course or workshop during their appointment.*

**d. Plans for conference presentations on your TPEHS project in the next 12 months**

*List anticipated conference names and dates, and types of presentations: oral, poster, podium, abstracts.*

**Department Administrator**

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

Administrator's phone number:  Administrator's email:

**Keywords**

Provide up to six key words describing your research:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Research Information** List all prior research experience and provide the requested information in the appropriate sections below.

<b><u>Role/Level</u></b>	<b><u>PI / Mentor Name</u></b>	<b><u>Institution</u></b>	<b><u>Dates of research</u></b>	<b><u>Total no. of months</u></b>
Undergraduate				
Undergraduate				
Graduate				
Graduate				
Postdoctorate				
Postdoctorate				

**Research Ethics** Have you taken a biomedical ethics course in the Responsible Conduct of Research (RCR)?

No. If no, what course do you plan to take and when?

Yes. If yes, please provide name of course, where taken, and when it was completed.

**COMPLETED Coursework** List the TPEHS-relevant courses you have taken prior to your TPEHS appointment that you would like to count toward your TPEHS curriculum requirements.

<b><u>Course category</u></b>	<b><u>Course name, number, institution</u></b>	<b><u>Credit Hours</u></b>	<b><u>Semester and Year completed</u></b>
Genetics			
Environmental Health			
Data Science			
TPEHS Foundations course			

**REQUIRED Coursework** List the TPEHS-relevant courses you will take during your TPEHS appointment to satisfy the TPEHS curriculum requirements - complete ALL sections.

<b><u>Course category</u></b>	<b><u>Course name, number, institution</u></b>	<b><u>Credit Hours</u></b>	<b><u>Semester and Year you plan to complete</u></b>
Genetics			
Environmental Health			
Data Science			
TPEHS Foundations course			

**Additional Applicant Information (Requested for reporting):**

Responses to the following items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background. **Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect the outcome of their application.**

Are you Hispanic (or Latino)? *Note -'Hispanic or Latino' refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."*

Do you have a disability? *Note - A 'disability' is a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990.*

If so, you may add additional information here, however this field remains entirely OPTIONAL.

**Applicant's Signature**

**Checking this box is considered the equivalent to your signature.**

I certify that all of the information submitted in this application is complete and correct to the best of my knowledge, and I waive the right to see recommendation letters submitted on my behalf.

**TPEHS Fellowship Application Submission CHECKLIST**

**Please make sure you have completed all of the following components of this Application for full consideration into the TPEHS fellowship program.** Send all application material to the attention of Elizabeth Lawrence ([el53@rice.edu](mailto:el53@rice.edu)) in ONE email.

Have you...

- Requested your Mentor and Co-Mentor Recommendation Letters?  
*(These letters should be sent directly from the mentors to [el53@rice.edu](mailto:el53@rice.edu))*
- Requested Two additional Letters of Recommendation **and included the corresponding contact information below?***(These letters can be from anyone else other than your mentors and should be sent from the recommender to [el53@rice.edu](mailto:el53@rice.edu))*
- Completed the TPEHS fellowship application form (*this PDF*)?
- Completed the Project Information document? Is it attached?
- Included Transcripts?
- Included a current resume (CV)?
- Included proof of eligibility (e.g. copy of passport/resident card/birth certificate)?

**TPEHS Co-Directors and Steering Committee members**

Baylor College of Medicine --- [Dr. Dan Gorelick](#), [Dr. Richard Finnell](#), [Dr. Elaine Symanski](#)  
 The University of Texas Health Science Center --- [Dr. Craig Hanis](#), [Dr. Zhongming Zhao](#), [Dr. Elmer Bernstam](#)  
 MD Anderson Cancer Center --- [Dr. Swathi Arur](#), [Dr. Junjie Chen](#), [Dr. Guillermina \(Gigi\) Lozano](#)

Name	Department	Institution	Email

**Application Completion and Submission Instructions**

**Please download a copy of this form to your desktop first.** You may encounter issues if opening the form directly from your browser (some browsers do NOT support form fields). **Once you have completed the form, you must save a copy by selecting the "PRINT" option and choosing "SAVE AS PDF"** then send it as an attachment to Elizabeth Lawrence ([el53@rice.edu](mailto:el53@rice.edu)). Once submitted, you will not be able to make changes.