**2023 CTSI T32 Predoctoral Application Intake Form:**

***\*Indicates a required field, please complete all required information***

**Applicant’s contact information**

\*First name:

Middle name:

\*Last name:

\*Email address:

**Other information (not required for application however awardees will need to create both)**

ORCID ID (for publications):

eRA Commons ID (for NIH training grants):

**Applicant education information**

*Applicants in a PhD program must have completed at least one year of a predoctoral training program and cannot have completed more than their third year (i.e., applicants must be in the second or third year of their predoctoral program at the time of the T32 award state date on July 1, 2023. MD/PhD applicants must be in their first year of study in the PhD portion of their program.*

\*Current graduate degree granting institution:

>*See the required institutional and/or department signature block at the end of this form, pg. 4*

\*Current graduate degree granting department and mailing address:

\*Applicant’s graduate program head:

\*Graduate program head’s email address:

\*How many years/months of your PhD program will you have completed at the time of the T32 award start date on July 1, 2023:

\*Is applicant pursuing a MD/PHD dual degree? Underline: Yes or No

\*If pursuing an MD/PHD, are you in your first year of study for the PhD portion of your program? Underline: Yes or No

If yes, when will applicant be returning to the medical school rotation? MM/DD/YYYY

\*How many months of post baccalaureate research experience (not including academic coursework) does the applicant have (substantiated on CV)? Enter total months:

\*How many months of NIH Kirschstein-NRSA funding support will you have received and completed as a predoctoral fellow, e.g., T32, F30, F31, at the time of the T32 award start date on July 1, 2023? Must be within 0-60 months:

**Applicant demographic information**

*State and federal laws pertaining to civil rights require the University to report ethnic/race data. Applicants who submit this application without ethnic/race data should select the "Prefer Not to Respond" option.*

\*Hispanic or Latino: Underline one

Yes

No

Prefer not to respond

\*Underline all that apply:

African American/Black

Asian

White

Native Hawaiian or other (Pacific Islander)

Native American; Alaskan Native

Other (please specify):

Prefer not to respond

\*Gender: Underline one (We understand that some trainees may not identify with binary gender choices, at this time NIH only collects data on binary assignments, so trainees may prefer to not respond)

Male

Female

Prefer not to respond

\****Per NIH eligibility requirements for this award, please confirm you are currently a US citizen or hold permanent residency status.*** Underline one, YES or NO

**Mentors’ Information**

*Please note: each applicant is required to have two mentors, one clinician scientist with a doctoral degree (i.e., physician, nurse, dentist, pharmacist, clinical psychologist, optometrist, veterinarian, allied health care professional, etc.) and one basic or non-clinician scientist with a doctoral degree who is doing translational research that has high potential for early translation into impacting patient care, both mentors should have doctoral degrees.*

\*Primary mentor’s first name:

Primary mentor’s middle name:

\*Primary mentor’s last name:

\*Primary mentor’s highest degree:

\*Primary mentor’s institution:

\*Primary mentor’s department:

\*Primary mentor’s email address:

\*Is the primary mentor a clinician scientist? Underline: yes or no

\*Is the primary mentor a basic, life, or engineering scientist? Underline: yes or no

\*Co-mentor’s first name:

Co-mentor’s middle name:

\*Co-mentor’s last name:

\*Co-mentor’s highest degree:

\*Co-mentor’s institution:

\*Co-mentor’s department:

\*Co-mentor’s mentor’s email address:

\*Is the Co-mentor a clinician scientist? Underline: yes or no

\*Is the Co-mentor a basic, life, or engineering scientist? Underline: yes or no

**Research application information**

\*Use two to six words to describe the applicant’s primary research focus area:

(i.e., breast cancer, infectious disease, sepsis and acute kidney injury, etc.)

\*Provide the title of the applicant’s research proposal:

\*Provide an abstract for the applicant’s research proposal (150 words maximum):

\*Which best describes the translational level of the applicant’s proposed research: Underline T1, T2, T3, or T4

**Definitions** (Link to table with more detailed definitions [Translational Stages Definitions](https://indianactsi.org/wp-content/uploads/Translational-Stages-100418.xlsx) )

**T1** – Applying fundamental discoveries made in the lab to further understand the basis of human disease and/or testing hypotheses using cell or animal models; samples of human or animal tissues; computer simulations; or devices; ideally, using experimental parameters (conditions) that mimic stage T2 as closely as possible

**T2** – Testing the efficacy and effectiveness of treatments and interventions (including devices) in humans and/or testing safety and effectiveness using behavioral, observational, or clinical trial methodologies

**T3** – Involving the adoption of interventions into routine clinical care for the general population and/or conducting implementation research to evaluate clinical trial results

**T4**­ – Studying population level outcomes to determine the effects of diseases and efforts to prevent, diagnose, and treat them

**REQUIRED SIGNATURES**: “The undersigned agrees to accept responsibility for the scientific and technical conduct of the research project and for provision of required progress reports if a grant is awarded as the result of this application.”

Please complete the appropriate signature block for the applicant’s institution below.

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| --- | --- | --- | --- |
| **IUSM Signature and Date** | | | |
| Applicant | |  |
| Department Head / Chair(1) |  | | |

Departments of Medicine and Pediatric: Division Chief Signature is requested in lieu of the Department Chair. Institutional Official

Signature is not required.

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| --- | --- | --- | --- |
| **IUB, IUPUI, IU Regional Campuses Signature and Date** | | | |
| Applicant | |  |
| Department Head / Chair |  | | |

|  |  |  |
| --- | --- | --- |
| **Purdue University Signature and Date** | | |
| Applicant |  |
| Department Head / Chair |  | |
| Institutional Official (contact Tommy Sors ([tsors@purdue.edu](mailto:tsors@purdue.edu) for institutional signature) |  | |

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| --- | --- | --- |
| **University of Notre Dame** | **Signature and Date** | |
| Applicant | |  |
| Department Head / Chair | |  |
| Notre Dame investigators MUST indicate their intent to submit to this opportunity by submitting the request through [NDp3](https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Finside.nd.edu%2Ftask%2Fall%2Fndp3&data=05%7C01%7Cjudrisco%40iu.edu%7Cdabce171ff0d404d754008da2de63de6%7C1113be34aed14d00ab4bcdd02510be91%7C0%7C0%7C637872764204681776%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=8L5JGnzHtM1T7yffte5eo03JvEj5G1tTYzhcxEEB30c%3D&reserved=0), Notre Dame Research's proposal intake form available on InsideND and completing the required questions in the Proposal Intake Form.  This action triggers contact from your Pre-Award research administrator.  This must be done BEFORE uploading your application into the Indiana CTSI grants site. | | |
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