

Check list for Competitive Renewal of Predoctoral/Postdoctoral Appointment

Current Vascular Biology Training Program fellows and their preceptor must provide the following:

Part I – Fellows *and* Preceptor

1. The **Research Project** to be undertaken by the applicant during the period of training, explaining its relevance to Vascular Biology (two page limit, excluding references). This must be signed by both the Applicant and the Preceptor.
2. A completed **Research Clearances** form. This must be signed by both the Applicant and the Preceptor.

Part II – Preceptor

3. A **Letter of Evaluation** for past performance

Instructions to submit for Applicants:

Please compile all application documents into one PDF file using the order below.

Document Title Format: LASTNAME.FIRSTNAME.APPLICATION-RENEWAL

Email attachment to vanegonzalez@mcd.b.ucla.edu with subject line: VBTG Renewal

1. Research Project Proposal
2. Letter of Evaluation
3. Research Clearances Form
4. Applicable Compliance Committee Approvals (ARC, IBC, OHRPP)

RESEARCH CLEARANCES

(Part II.5)

Title of Research Project

A. Human Research Projection Approvals (OHRPP) (check one):

- Approved and Approval enclosed
- Submitted to the OHRPP on (date) _____
- No human subjects or human materials will be used in this study.
- OHRP Committee approval was specifically waived (form enclosed)

B. Animal Research Committee Approvals (check one):

- Approved and Approval enclosed.
- Submitted to the Animal Research Committee on (date) _____.
- No animal subjects or animal materials will be used in this study.

C. Recombinant DNA/Infectious Agents (check one):

- Institutional Biosafety Committee approval enclosed.
- Submitted for DNA approval on (date) _____
- No recombinant DNA/Infectious agent research will be used in this study.

Note: Appropriate Committee approvals must be obtained specifically for the study proposed in this application prior to funds being awarded (i.e. title and identifying data for the study must be identical).

I agree to abide by the terms of this training grant and support the research plan included in this application.

Mentor Signature

Date

Trainee Signature

Date

Mentor – printed name

Trainee – printed name

For office use only: Date Received: _____ Time: _____