**Check list for Predoctoral Applications**

Predoctoral candidates for the UCLA Vascular Biology Training Program and their preceptor must provide the following:

**Part I – Applicant**

1. A completed **Application for Appointment** form
2. A ***Curriculum Vitae*** including bibliography (attach one copy of all or relevant publications).
3. A copy of college **Transcripts,** graduate school transcripts, and **GRE Scores** showing percentile ratings (these may be unofficial records, photocopies will do).
4. The names, addresses, and telephone numbers of at least **two** professional **References** (excluding preceptor) from whom letters of recommendation have been requested. Instructions to submit below.

**Part II – Applicant *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 III – Preceptor**

1. A **Letter of Nomination**
2. A list of all pre/post-doctoral **Trainees** and their sources of funding (may use NIH Table 5A/B in lieu).
3. The preceptor’s **NIH Biosketch** or CV (not to exceed 5 pages)

**Instructions to submit for Applicants:**

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

Document Title Format: ‘LASTNAME.FIRSTNAME.APPLICATION’

Email attachment to [njobanputra@mednet.ucla.edu](mailto:vanegonzalez@mcdb.ucla.edu) with subject line: VBTG Application

1. Application for Appointment
2. Research Project Proposal
3. Curriculum Vitae
4. Preceptor Letter of Nomination
5. Transcripts & GRE scores
6. Preceptor NIH Biosketch
7. List of Pre/Postdoc Trainees in preceptor's laboratory
8. Research Clearances Form
9. Applicable Compliance Committee Approvals (ARC, IBC, OHRPP)

**Instructions to submit for Referees:**

Please compile Evaluator Form and/or reference letter into one PDF file using document title format ‘LASTNAME.FIRSTNAME\_REFEREE-LASTNAME’

Email to [njobanputra@mednet.ucla.edu](mailto:vanegonzalez@mcdb.ucla.edu) with subject line: VBTG Reference

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| **APPLICATION FOR PREDOCTORAL APPOINTMENT**  (Part I.1) | | | | | | | | | | | | | | |
| Name (Last, First, Middle Initial) | | | | | | | | | Date of Application | | | | | Commons Username |
| Title of Research Project | | | | | | | | | | | | | | |
| Home Address (Street/P.O. Box, City, ST, Zip) | | | | | | | | | | | | | | |
| Home Telephone | Work/Lab Telephone | | | | | | | | | Work/Lab Fax | | | | |
| Email Address | | | | | | Your Home Area / Graduate Program | | | | | | | | |
| UCLA ID # (xxx-xxx-xxx) | | | Social Security # (xxx-xx-xxxx) | | | | | | | | Cell Phone | | | |
| Gender  Female  Male | Birthdate (mm/dd/yy) | | | | | | | | | Race/Ethnicity (to determine overall URM support by NRSA grants) | | | | |
| Citizenship:  US Citizen or US Noncitizen National  Permanent Resident of US (must be able to provide currently valid Permanent Resident card) | | | | | | | | | | | | | | |
| Faculty Preceptor: | | | | | | Preceptor’s Dept. | | | | | | | | |
| Preceptor’s Campus Address with Mail Code | | | | | | | | | Preceptor’s Telephone | | | | | |
| Preceptor’s Email Address | | | | | | | | | Preceptor’s Fax | | | | | |
| Your Dept. Financial Contact (full name) | | | Dept. Telephone | | | | | | Dept. Fax | | | | | |
|  | | | | | | | | | | | | | | |
| Are you presently covered by medical insurance?  Yes  No | | | | | | | | | | | | | | |
| If yes, please name carrier: | | | | | | | | | | | | | | |
| Have you previously received a National Research Service Award?  Yes  No | | | | | | | | | | | | | | |
| If “Yes”:  Institutional  Individual | | | | Predoctoral  Postdoctoral | | | | | | | | | | |
| Grant Name and Number (if known): | | | | | | | Total months of prior NRSA support: | | | | | | | |
| Appointment dates: | | | | | | | | | | | | | | |
| Statement of Non-delinquency on Federal Debt  Are you delinquent on the re-payment of any federal debts?  Yes  No  *If yes, please explain below.* | | | | | | | | | | | | | | |
| Education – After High School  *(Indicate all academic and professional education.*  *For foreign degrees, give US equivalent)* | | | | | | | | | | | | | | |
| Name of Institution, Department  and Location | | Attendance  Mo/Yr | | | | | | Degree(s) Received | | | | | Major Field  Minor Field | |
| From | | | To | | | Degree  ***Grade Pt Ave*** | | | | Mo/Yr |
| Baccalaureate Degree | |  | | |  | | |  | | | |  |  | |
|  | |
| Masters Degree | |  | | |  | | |  | | | |  |  | |
|  | |
| Doctorate Degree | |  | | |  | | |  | | | |  |  | |
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| List all Academic Honors, including fellowships and scholarships  (may be omitted by postdocs if included on CV): | | | | | | | | | | | | | | |