NIH - NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD – T32EB023858

UCLA/Caltech Integrated Theronastic Engineering to Advance Metabolic Systems (iTEAM)

The University of California at Los Angeles (UCLA) and the California Institute of Technology (Caltech) are partnering to provide a 2-year, structured curriculum for training post-doctoral engineers and biophysical or biomedical scientists to prepare them for leadership roles in academia and industry. The goal of this T32 program is to strengthen individualized training in 1) advanced sensing or 2) imaging coupled with machine learning usually in the context of addressing metabolic disease with an understanding of how to improve access to quality of care.

The UCLA/Caltech i**TEAM** program employs a co-mentorship model, and each post-doctoral scholar will have a primary mentor from enabling technologies and a co-mentor from metabolic medicine and/or industry. Post-doctoral scholars will work with their mentors to identify and track individualized research and training goals and milestones for the 2-year period.

The UCLA/Caltech i**TEAM** program is dedicated to training the next generation of engineers and biophysical and biomedical scientists. In this pursuit, our program is committed to promoting diversity, inclusion, and equity, and we welcome applicants with disabilities, from low SES backgrounds and from racial and ethnic groups under-represented in the biomedical sciences.

Check list for Postdoctoral Applications

Please note that due to the nature of this NIH-funded training program, applicants must be permanent US residents or US citizens.

Part I – Applicant

1. A completed **Application for Appointment** form

2. A *Curriculum Vitae* with citations of your publications (include pending publications). 3. The name, address, and telephone numbers of at least **two** professional **References** (*excluding preceptor*) from whom letters of recommendation/applicant evaluation form have been requested. Instructions to submit below.

Part II – Applicant, Preceptor, and Co-Mentor

4. The **Research Project** to be undertaken by the applicant during the period of training, explaining its relevance to Metabolic Medicine (one-page limit, excluding references). This must be signed by both the Applicant and Preceptor.

Part III - Mentor and/or Co-Mentor

5. A Letter of Nomination

- 6. A list of all pre/post-doctoral **Trainees** and their sources of funding (may use NIH Table 5A/B in lieu).
- 7. The mentor and co-mentor's NIH Biosketches or CVs (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 <u>SeulKiPark@mednet.ucla.edu</u> with subject line: UCLA/Caltech iTEAM Application

- 1. Application for Appointment
- 2. Research Project Proposal
- 3. Curriculum Vitae
- 4. Preceptor Letter of Nomination
- 5. Preceptor NIH Biosketch

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6. List of Pre/Postdoc Trainees in preceptor's laboratory

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 Seul Ki Park <u>SeulKiPark@mednet.ucla.edu</u> with subject line: UCLA/Caltech iTEAM

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APPLICATION FOR POSTDOCTORAL APPOINTMENT

(Part I.1)

Name (Last, First, Middle Initial)	<u>'</u>	Dat	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						
Gender Birth date (mm/dd/yy) Race/Ethnicity (to determine overall URI										
 Female I Male support by NRSA grants) Additional (please specify) Prefer not to disclose Citizenship: I US Citizen or US Noncitizen National I 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 Email Address										
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:									
		2							
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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 equivale									
Name of Institution, Department and Location	Atte	ndance	Major Field						
		Mo/\	rDegree(s) Re	Minor Field					
	From	То	Degree	Mo/Yr					
			Grade Pt						
			Ave						
Bachelor's Degree									

Master's Degree

Doctorate Degree

List all Academic Honors, including fellowships and scholarships (may be omitted by postdocs if included on CV):

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