

NIH - NATIONAL INSTITUTE OF ARTHRITIS & MUSCULOSKELETAL & SKIN DISEASES  
 INSTITUTIONAL NATIONAL RESEARCH SERVICE AWARD – T32 AR065972 &  
 NIH WELLSTONE CENTER GRANT U54 AR052646 & CENTER FOR DUCHENNE MUSCULAR DYSTROPHY AT UCLA  
**UCLA MUSCLE CELL BIOLOGY, PATHOPHYSIOLOGY  
 AND THERAPEUTICS TRAINING PROGRAM**

## APPLICATION FOR PREDOC/POSTDOC APPOINTMENT

Name (Last, First, Middle Initial)		Date of Application	eCommons 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 Dept.	
UCLA ID # (xxx-xxx-xxx)	Social Security # <b>Last 4 only</b> (xxxx)	Mobile Phone	
Birthdate (mm/dd/yy)			
Citizenship:    US Citizen or US Noncitizen National        Permanent Resident of US        Other			
Faculty Mentor		Mentor's Dept.	
Mentor's Email Address		Mentor's Telephone	
(Predocs only) Advancement to Candidacy (yes/no)		(Predocs only) Year Started in Program	
Date Advanced to Candidacy		Financial Contact (email)	
Mentor's Dept. Financial Contact (full name)	Dept. Telephone	(Predocs only) GPB Home Area	
(Predocs Only) SAO's email		(Predocs Only) Name of SAO	

Select awards that you wish to be considered for:

NIH T32 (Post doc stipend + travel)

CDMD Fellowship (\$25K + travel)

NIH U54 Wellstone (\$25K + travel)

NIH T32 (Predoc partial stipend, tuition + travel)

\*To set up your NIH eCommons username, contact Joe Gibbs, below. Allow 1 week for processing.

Joe Gibbs

Manager – Records Management Team

UCLA, Office of Contract and Grant Administration

[JGibbs@research.ucla.edu](mailto:JGibbs@research.ucla.edu)

(310) 794-6937

**UCLA MUSCLE CELL BIOLOGY, PATHOPHYSIOLOGY AND  
THERAPEUTICS TRAINING PROGRAM**

**RESEARCH CLEARANCES**

*A Statement of Assurance for all current trainees must be submitted annually  
to the appropriate university committee by the  
UCLA Muscle Cell Biology, Pathophysiology and Therapeutics Training Program.*

**Trainee Name:**

**Faculty Mentor Name:**

**Primary Departmental Affiliation of Faculty Mentor:**

**Title of Research Project:**

**A. With respect to the Human Subjects Protection Committee (HSPC)\* (check one):**

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

**B. With respect to the Animal Research Committee (ARC)\* (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. With respect to 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 this study must be identical*).

**SIGNATURES**

\_\_\_\_\_  
Faculty Mentor Signature      Date

\_\_\_\_\_  
Trainee Signature      Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name