

# APPLICATION

## NIH POSTDOCTORAL MULTIDISCIPLINARY TRAINING PROGRAM IN BASIC DIABETES RESEARCH



### **Division of Metabolism, Endocrinology, and Diabetes**

University of Michigan Medical School  
1000 Wall Street, 5100 Brehm Tower  
Ann Arbor, Michigan 48105  
Phone: (734) 615-9497  
Fax: (734) 232-8162  
[Visit our website](#)

We welcome you to apply for an available NIH-sponsored post-doctoral training position at the University of Michigan. You will be competing for one year of support with the possibility of a second year of funding, pending progress and productivity.

### **PURPOSE**

Postdoctoral Fellowships have been established through an NIH-supported Training Grant (T32DK101357), entitled, "Multidisciplinary Training Program in Basic Diabetes Research." This program provides an opportunity for postdoctoral fellows to pursue training in diverse aspects of diabetes research. Training grant preceptors fall into major interest groups across the spectrum of type 1 and 2 diabetes research – islet biology, autoimmune diabetes, adipocyte biology, neuronal regulation of metabolism, mechanisms of insulin resistance, metabolic control in liver and muscle, and diabetes complications - each area containing investigators pursuing basic research with potential translational applicability.

### **ELIGIBILITY**

*The applicant must:*

1. have a Ph.D. or equivalent degree(s) and a desire for a career in diabetes research
2. have a doctoral degree and have no more than three years of postdoctoral training
3. be a U.S. citizen or permanent resident
4. submit their application by November 30, 2024

### **MENTOR REQUIREMENTS**

1. The mentor and co-mentor (if applicable) must provide a recent NIH style Biosketch and Other Support pages, or the equivalent.
2. *The mentors must provide a Letter of Support describing:*
  - a. The trainee's strengths and appropriateness for the award.
  - b. The involvement of each laboratory in the training program; each mentor must state what aspects of the training the trainee will be involved in, describing specifically the elements of the laboratory setting or areas of expertise that are important to the success of the interdisciplinary project.
  - c. The procedures that will be followed by the mentors to monitor trainee progress and deal with unexpected findings.
3. Mentor Biosketch, Other Support, and Letters of Support should be sent electronically by November 30, 2024 to:  
Emily Fullerton  
Division of Metabolism, Endocrinology and Diabetes  
University of Michigan Medical School  
Phone: (734) 615-9497  
Email: [emfa@med.umich.edu](mailto:emfa@med.umich.edu)

## TRAINEE REQUIREMENTS

1. Applicants should complete the Application Form found below.
2. Postdoctoral trainees should submit a brief Research Proposal (maximum three pages\*).
  - a. Specific Aims
  - b. Background and Significance (include preliminary results, if any, in this section)
  - c. Experimental Approaches and Limitations



*\*Copies of relevant publications by the trainee may be submitted as an appendix.*

3. In addition to a letter from the mentor, the trainee should provide one additional Letter of Reference. The letter should address the trainee's academic qualifications, intellectual strengths and probability for success in carrying out an interdisciplinary project. All recommendation letters must be received by November 30, 2024.
4. The trainee should also submit their updated curriculum vitae. Please include citizenship, mailing or electronic mailing address, degrees, professional and honorary societies, thesis and publications, previous training support, and copies of undergraduate and graduate transcripts.

Note that this is a federally-funded award which mandates a Payback Agreement for Postdoctoral Trainees.

## APPLICATION CHECKLIST

- Application Form (see below)
- Trainee CV
- Research Proposal
- Publications (if applicable)
- One additional Letter of Reference
- Participating Mentors: NIH Biosketch, Other Support, Letter(s) of Reference

Email your completed application to [emfa@med.umich.edu](mailto:emfa@med.umich.edu)  
by November 30, 2024. Please ask for confirmation of receipt of application.

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|   |                      |
|---|----------------------|
| Applicant Name  | <input type="text"/> |
| Employee ID Number  | <input type="text"/> |
| Department  | <input type="text"/> |
| Title of Proposal   | <input type="text"/> |
| Campus Address/Box  | <input type="text"/> |
| Campus Phone  | <input type="text"/> |
| Email   | <input type="text"/> |
| Applicant's Citizenship Status                                | <input type="text"/> |
| Contact Info. of Administrative Individual in your Department | <input type="text"/> |

Have you been appointed to a NIH training mechanism in the past?  Yes  No

*If "yes," please indicate your status when on the NIH training mechanism:*

|         |                      |                        |                      |
|---------|----------------------|------------------------|----------------------|
| Predoc  | <input type="text"/> | Number of Years Funded | <input type="text"/> |
| Postdoc | <input type="text"/> | Number of Years Funded | <input type="text"/> |

|                    |                      |            |                      |
|--------------------|----------------------|------------|----------------------|
| Primary Mentor     | <input type="text"/> | Department | <input type="text"/> |
| Title              | <input type="text"/> |            |                      |
| Campus Address/Box | <input type="text"/> |            |                      |
| Campus Phone       | <input type="text"/> | Email      | <input type="text"/> |

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Collaborating Mentor (if relevant)  Department

Title

Campus Address/Box

Campus Phone  Email

Check here if this project involves Human Subjects. Provide IRB numbers and approval dates:

Check here if this project involves Animal Use. Provide UCUCA numbers and approval dates:

I am currently supported by another training grant or fellowship. This fellowship will expire on:

I have had  previous years of NRSA support.

I am not currently supported by another training grant or fellowship and do not anticipate support from another training grant/fellowship within the next year.

I am also applying to other training grants/fellowships (please list below):

Minority Code

- 1- American Indian/Alaskan Native
- 2- Asian
- 3- Black/African American
- 4- Hispanic/Latino
- 5- White
- 6- Native Hawaiian/Other Pacific Islander
- 0- Use this code if you would prefer not to provide this information