



Post-Doctoral Program Application

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Program Directors

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Director, Center for Women's Health Research, University of Wisconsin

Co-Director, Women in Science and Engineering Leadership Institute (WISELI), University of Wisconsin

Director, Women Veterans Health Program, William S. Middleton Veterans Memorial Hospital

mlcarnes@wisc.edu

608-263-9770

Program Coordinator

Lorene Seman

lmseman@wisc.edu

608-265-5709

Please submit all application materials to lmseman@wisc.edu or via mail or hand delivery to:

Lorene Seman
Center for Women's Health Research
700 Regent Street
Suite 301
Madison, WI 53715

For any additional information or questions, please contact Lorene Seman by phone at 608-265-5709, by email lmseman@wisc.edu or by FAX at 608-265-6423

Application Checklist

Receipt of all application materials will be acknowledged.

- ___ 1. Application.
- ___ 2. Current curriculum vitae;
- ___ 3. Copy of most recent transcripts;
- ___ 4. Current NIH biosketch (see attached example);
- ___ 5. Sample of your writing; and
- ___ 5. Two letters of recommendation.

Please submit all application materials to lmseman@wisc.edu or via mail or hand delivery to:

Lorene Seman
Center for Women's Health Research
700 Regent Street
Suite 301
Madison, WI 53715

For any additional information or questions, please contact Lorene Seman by phone at 608-265-5709, by email lmseman@wisc.edu or by FAX at 608-265-6423.

Application Instructions

Please use the Application Checklist (found on **page 2** of this document) to make sure that all necessary materials for the BIRCWH application are completed and received.

I. Basic Data

1. Complete all of the questions in the Basic Data section.
2. If a question is not applicable, please indicate this with the words "Not Applicable".

II. Candidate Qualifications

1. Outline the mentors with whom you would like to work (**Question 1, p. 5**).
 2. In the space provided under **Proposed Research Area (Question 2, p. 6)**, describe your area(s) of interest in women's health research as well as the specific research question you hope to address. Additionally, explain how your selected mentors will assist you in investigating your research question. *Limit your response to 500 words or less.*
 3. Please describe how your research interests relate to research in diverse populations (**Question 3, page 8**). *Limit your response to 250 words or less.*
 4. In the space provided under **Community Based Research (Question 4, p. 7)**, describe what your research interests are as they relate to the community. *Limit your response to 250 words or less.*
 5. For **Question 5, p. 8**, in **250 words** or less, explain why this Trainee Program is appropriate for you at the current stage of your career development.
 6. Describe your **Ideal Job (Question 6, p. 8)**. *Limit your response to 250 words or less.*
 7. In the space provided for **Question 7, p. 9**, describe your teaching experience **in 250 words or less**.
 8. **In 250 words or less**, describe the qualifications and characteristics that make you an outstanding candidate for this Trainee Program (**Question 8, p. 9**).
- 9-16. Check the responses appropriate to you for questions 9 through 16 on pp. 10-11.

III. Please send a current transcript.

IV. Please send a curriculum vitae.

V. Please send an NIH biosketch. See Sample on pp. 13-14 of this application. Use form on page 12 of this application.

VI. Please send a sample of your writing. Include a 3-4 sentence cover note indicating the role you played in the work and in writing the paper, as well as your assessment of its significance. Please note that this writing sample should be submitted separately, either as an MS Word or pdf document, at the same time you submit the application. We ask that these not be longer than 10 pages, so please use excerpts to represent longer works. A hard copy can be sent to the Program office (see above address) or electronically submitted to lmseman@wisc.edu.

VII. Letters of Recommendation. Please provide the names and contact information for two professional letters of recommendation; list the two references and your relationship with each one. These individuals must submit letters of recommendation **directly to the Trainee Program**. If you have previously worked

with your proposed mentors, one of their names and letters in support of your application may be included. These letters may be submitted electronically to:

lmseman@wisc.edu

or via regular mail or hand delivery to:

Lorene Seman
700 Regent Street
Suite 301
Madison, WI 53715

Application

Part I. Basic Data.

Name:	
Birthdate:	
Citizenship: (select one)	<input type="checkbox"/> U.S. Citizen or U.S. Noncitizen National <input type="checkbox"/> Permanent resident <input type="checkbox"/> None of the above

Contact Information

Work Phone:		Home Phone:	
E-mail address:		Cell Phone:	
Home address:			

Current Appointment Information

Current title:	
Department:	
Office address:	

Education and Academic Qualifications (certificates, diplomas, etc.)*

Institution Name/Location	Dates of training (month/year)	Degree(s) Earned (date received)	Major/Minor Fields of Study

What is your primary discipline:

Previous NIH Support*

Grant title	Grant type and number	Role (Co-I, PI, etc.)

*If more space is needed, you may insert rows or put more than one entry per row.

Part II. Candidate Qualifications.

- Name the specific mentors with whom you plan to work. (Please note: mentors may be changed, added or deleted during the program to best meet your evolving needs.)

2. Proposed research area. In 500 words or less, describe the general area of clinical research you wish to investigate. What particular research question do you hope to answer?

3. Health disparities. One goal of the Trainee Program is to promote minority women's health research and to reduce existing disparities in health status and health outcomes in diverse populations. Please discuss your research interests in this regard. Please limit your response to 250 words or less.

4. Community-based research. Clinical research frequently involves collaboration with community groups and community-based participatory research involves members of the community in determining what research is relevant. Please discuss your research interests as they relate to the community. Limit your response to 250 words or less.

5. Why is this Post-Doctoral Program right for you at this time in your career? Provide your answer in 250 words or less.

6. Describe your ideal job. Please limit your response to 250 words or less.

7. Describe any teaching experience you have had.

8. What would you bring to this Post-Doctoral Program that would make you an outstanding candidate? Provide your answer in 250 words or less.

9. Please indicate your primary area(s) of research interest (*right click on boxes, select properties, select check*)

- Aging/Geriatrics Asthma Cancer Cardiovascular Disease
 Child and Adolescent Health Epilepsy
 Healthcare Environment/Technology/Communication Nutrition/Obesity
 Tobacco and Alcohol Intervention Women's Health and Underserved Populations
 Other; describe: _____

10. Several degrees or certificate options are available in association with this program. In which of the following might you be interested?

- Certificate in Fundamentals of Clinical Research
 Capstone Certificate in Clinical Investigation
 Graduate Certificate in Clinical Investigation (requires simultaneous enrollment in graduate program)
 Masters in Public Health
 M.S. or Ph.D. Program in Population Health
 Masters or Ph.D. Program in Patient-Oriented Research
 Patient Safety Certificate Program
 Unknown at this time
 Other, please specify _____

11. Are you currently enrolled in one or more of these programs? Yes No

12. If the answer to the previous question is "yes", in what program(s) are you ENROLLED

A goal of the Post-Doctoral Program is to increase the diversity of academic leaders in the field of Women's Health.

13. What is your gender? Female Male

14. Are you Hispanic (or Latino/a)? Yes No

15. What is your racial background?

- American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Asian Black or African American
 White (non-Hispanic) More than one race

16. How did you hear about our program?

- E-mail from the University of Wisconsin
 Faculty, staff or student from the University of Wisconsin-Madison
 A person outside of the University of Wisconsin-Madison
 Brochure Internet/Web
 Word of Mouth Other, please describe: _____

III. Curriculum Vitae.

IV. Transcripts.

V. NIH biosketch.

VI. Sample of Your Writing.

VII. Letters of Recommendation. Please provide the names and contact information for the two people who wrote letters of recommendation for you. Please also include information regarding the nature of your relationship with these people.

A.

B.

I hereby certify that the information presented in this application is true and correct. I have not knowingly withheld any facts or circumstances that could interfere with the integrity and accuracy of this application.

Signature

Date

Principal Investigator/Program Director (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME		POSITION TITLE	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Follow the formats and instructions on the attached sample.

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

C. Research Support. List selected ongoing or completed (during the last three years) research projects (federal and non-federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

SAMPLE BIOSKETCH

Principal Investigator/Program Director (Last, First, Middle): PI Name

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Doe, John	POSITION TITLE Professor of Microbiology		
eRA COMMONS USER NAME Doe			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Stanford University	Ph.D.	1964	Infectious Diseases
UW Medical School	M.D.	1972	Medicine/Parasitology

A. Positions and Honors.

Positions and Employment

1969-1971 Medical Residency, Internal Medicine, UW Medical School
1971-1973 EIS Officer, Hospital Infection Section, Bacterial Diseases Branch, CDC, Atlanta, GA
1973-1974 Instructor and Fellow in Medicine, Hematology, Massachusetts General Hospital, Boston, MA
1974-1975 Instructor in Infectious Diseases, Massachusetts General Hospital, Boston, MA
1978- Senior Associate in Infectious Diseases, Children's Hospital, Boston, MA
1978-1984 Assistant Professor of Pediatrics, UW Medical School
1993- Professor of Pediatrics, UW Medical School, Madison, WI
1998- Professor, Dept. of Infectious Diseases, UW School of Medicine and Public Health

Other Experience and Professional Memberships

1972-1973 Acting Chief, National Mucosal Infections Study
1975-2000 Director of Infectious Diseases Laboratory
1981-1982 President, Society of Hospital Epidemiologists of America
1988 Member, Society for Pediatric Research
1989-present Medical Director Quality Assurance, UW School of Medicine and Public Health
1991-1993 Director, American Society for Microbiology, Division F
1991-1997 Hospital Infection Control Practices Advisory Committee, Centers for Disease Control
1998-present Steering Committee, NACHRI/CDC Pediatric Prevention Network

Honors

1982 SERC Advanced Research Scholarship, Infectious Disease Society of America
2001 Anthony Steinway Award for Excellence in Teaching (Children's Hospital)

B. Selected peer-reviewed publications (in chronological order). (Publications selected from 133 peer-reviewed publications)

1. Kim J, Smith LM, Doe JW. Prevention of respiratory virus infections through compliance with frequent hand-washing routines. S Engl J Med 1988;318:389-394.
2. Johnson TJ, Kim J, Doe JW. Coagulase-negative staphylococcal bacteremia in the changing neonatal intensive care unit population. Is there an epidemic? ABC Journal. 1988;158:1548-1552.
3. Kim J, Doe JW, Smith LM. Incidence of Staphylococcus epidermidis catheter-related bacteremia by infusions. XYZ Journal 1996;172:320-4.

C. Research Support

Ongoing Research Support

R01 123456 Doe (PI)

9/01/99-8/30/08

AHRQ

Reducing Antimicrobial Resistance in Low-Income Communities: A Randomized Trial.

This study is a randomized trial of interventions to reduce antimicrobial usage and resistance in low-income communities.

Role: PI

2 R01 78910 Doe (PI)

4/01/01-3/31/08

NIH/NIAID

Bacteriology and Mycology Study of ICU Patients at Risk for Antimicrobial Resistant Bacterial Infections.

The study will perform clinical trials of interventions to reduce antimicrobial resistant infections.

Role: PI

Completed Research Support

5 RO1 12345 Herman (PI)

12/01/00 – 11/30/04

NIH/NIAID

Evaluating Quality Improvement Strategies (EQUIS)

The goal of this study was to evaluate quality improvement and collaborative learning to improve asthma care in office-based pediatrics.

Role: Co-Investigator