Antimicrobial Resistance Training Program in the Texas Medical Center (AMR-TPT)
For Postdoctoral Trainees: PhD, MD, PharmD, MD/PhD

FELLOWSHIP APPLICATION FORM
Due Date: March 7, 2025

Trainee first, middle, and last/family name:

Gender:

Trainee department and institution:

Date you started your current postdoc position (mm/dd/yyyy):

Current Mentor (lab in which you work)**, Dept, Institution:**

PRIMARY MENTOR for TPAMR: The primary mentor will attend the interview with the applicant. During the appointment period, trainees will meet **monthly** with their primary mentor.

Name	Department	Institution	Email

CO-MENTOR / SECONDARY MENTORS for AMR-TPT: Applicants will select **2 co-mentors** with complementary expertise. Co-mentors will attend the interview with the applicant. During the appointment period, trainees will meet **twice annually** with their co-mentors. This multidisciplinary mentorship will foster innovation and encourage trainees to keep an "open mind" approach with important emphasis on translational aspects of their AMR project.

Name	Department	Institution	Email

Academic and Training Background
Postdocs / PhD degree:
Title of doctoral thesis:
Thesis advisor, Dept, Institution:

Clinical Fellows / MD and PharmDs in clinical programs:
Place of Residency (Dates/Dept/Institution)
Current fellowship program (Expected date of graduation):

Publications and abstracts (required):
<mark>*Number the references and include PMCID numbers. Identify those that are abstracts, and include only the abstract reference, not the abstract itself.*</mark>

Current Grant support of trainee's stipend (required):

	Agency and mechanism: e.g. CA R01, GM F32	Total amount of stipend	Dates of support
Current primary source of stipend			
Prior fellowship (F31/32) or training grant support as a postdoc			

Degrees: *begin list with doctoral / Master's / then undergraduate.*	Institution	Field of study	Date degree received, or anticipated date of receipt (use name of month)	GPA

Standardized Scores (if required by your institution):

GRE scores (or MCAT)	Raw:	Percentile:
GRE Verbal score		
GRE Quantitative score		
GRE Analytical score		
MCAT score		

Project Title:

6 Keywords:

Project Description (limit: <u>750</u> words <mark>– <u>do not exceed word limits</u> or your application will be returned</mark>):

<mark>Describe the proposed research and how it explicitly connects to antimicrobial resistance research.</mark>

Laymen's Project Description (limit <u>250</u> words):
<mark>A description understandable to a general audience (like a newspaper) – will be used in grant progress reports.</mark>

Mentoring and Training Plan* (limit <u>400</u> words): *<mark>*Special emphasis should be placed on this section. In your own words, provide a brief description of the plan you and your mentors have jointly developed to achieve your career goals. Include:</mark>*

    <mark>1. research training:</mark>
        <mark>a. how you will incorporate the secondary mentor's work into your project</mark>
        <mark>b. what specific skills / knowledge / training you will acquire from each of your mentors during your appointment;</mark>
        <mark>c. how/when you'll learn the skills/knowledge: e.g. will you learn by spending time in the lab (learning it from the co-mentor or from a member of his/her lab)?; by going to the co-mentor's journal club or lab meetings? etc.</mark>
        <mark>d. how often you will meet with your own mentor; how often you will meet with your co-mentor; how often you and both mentors will meet together.</mark>

    <mark>2. personal and career development: specific oral and written communication skills you need to improve, and which workshops / training you will take to improve them (include month/year when they will be taken).</mark>

    <mark>3. presentations: national conferences at which you will present your research (and month/year they will be).</mark>

    <mark>4. estimated timeline for completion of your project and specific milestones to be achieved, including publications from this project.</mark>

Career Goals (limit <u>250</u> words):
<mark>Describe:</mark>
    1. *<mark>your short term and long term career goals</mark>*
    2. *<mark>how your goals relate to this training program</mark>*
    3. *<mark>the education, training and other career development experiences you will need to achieve your career goals, and how this training program will help you achieve them better / more fully than what you are doing now.</mark>*

Planned Curriculum / Workshops:

1. In one or two sentences, describe your previous academic <u>training</u> that relates to your AMR-TPT project:

2. In the table below, provide details about the courses/workshops you would like to take <u>during</u> your 2-year AMR-TPT appointment – complete all sections and include a timeline. Include the submission of a career grant.

Course/workshop category	Course name, number, and institution, *if applicable*	Credit hours, *if applicable*	Semester and year you plan to take this
Foundations	AMR Foundations (offered each Fall)		
Biostatistics			
Grant writing			
Rigor & Reproducibility workshop	Offered Spring and Fall		
Responsible Conduct of Research			
Submission of career grant			

Pharmacokinetics/ Pharmacoynamcs courses (optional)			
Clinical Research rotation in Columbia (optional)			
Other (optional)			

Trainee information:

Start date, if other than July 1, 2025:

Citizenship: <mark>delete the non-applicable ones</mark>
US Citizen / Dual Citizen / Permanent Resident with a Green Card

Ethnicity (required for reporting): <mark>choose as many as are applicable, and delete the rest</mark>: African-American, Asian, Caucasian (including Middle East), Native American, Native Alaskan, Pacific Islander (Native Hawaiian, Samoan)

Work email (<mark>required</mark>):

Personal email (<mark>e.g. gmail – required</mark>):

Birthdate (<mark>name the month</mark>):

Local home address:

City, state, zip code:

Address valid until:

Work phone (<mark>required</mark>):

Cell phone (<mark>required</mark>):

Department administrator (<mark>required</mark>):
<mark>Name of trainee's department administrator responsible for processing stipend and fellowship paperwork:</mark>

Administrator's phone number (<mark>required</mark>):

Administrator's email (<mark>required</mark>):