

**ANESTHESIA TRAINING PROGRAM IN BIOMEDICAL RESEARCH
STANFORD UNIVERSITY (T32 GM089626)
Application Checklist**

Name:

Last (Family or Surname)

First

Middle

Stanford University affirms strongly its practices, policies, and purposes for affirmative action:

Ethnic self description: American Indian Asian/Pacific Islander
 African-American Caucasian Hispanic

This program is particularly interested in encouraging applications from the following groups (check all that apply):

- Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis.
- Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities.
- Individuals from disadvantaged backgrounds who are defined as either individuals who come from a family with an annual income below established low-income thresholds or individuals who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

Return this form with your application in order to indicate which credentials you are enclosing. All requested credentials must accompany your application.

Office Use Only	A. Application form (last page must be signed) Enclosed
	B. Research Plans
	C. Letter of Recommendation (list name)
	1.
	2.
	3.
	D. Academic Records (list schools chronologically)
	1.
	2.
	3.
	4.

Submit your application to the program office:

Christina Lum
Anesthesiology, Perioperative & Pain
Medicine Stanford Medicine
300 Pasteur Drive, Grant Bldg., S268
Stanford, California 94305-5117
clum1@stanford.edu

**ANESTHESIA TRAINING PROGRAM IN BIOMEDICAL RESEARCH
STANFORD UNIVERSITY (T32 GM089626)
APPLICATION FOR POSTDOCTORAL FELLOWSHIP**

Name: _____
(Please type or print your full legal name, last name first)

Address for Correspondence: _____

E-mail address: _____

Telephone Number: (Work) _____ (Home) _____

Birth Place: _____ **Date:** _____ **Citizenship:** _____

Academic History: List all educational institutions attended after secondary school—include current enrollment. **Applicant must arrange to have all official transcripts sent in support of this application.**

Name of Institution and Location (List Chronologically)	Attendance Dates: (M/Y - M/Y)		Major Field of Study	Degree, Diplomas	Date Received or Expected
	From	To			

List clinical training, post-doctoral or occupational experience not covered above.

Employer	Type of Activity	Dates: (Mo. & Yr.)	
		From	To

Honors: _____

California Medical License #: _____ DEA License #: _____

Name(s) and Department(s) of Stanford Faculty Member(s) with whom you wish to work:

**ANESTHESIA TRAINING PROGRAM IN BIOMEDICAL RESEARCH
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Research Plan:

In a separate document, please state briefly (not exceeding three pages) the nature of your research interests, and the work you propose to do, the methods you will employ, and the kinds of results you hope to obtain. At the end of this statement, list your relevant publications.

What are your career plans? If you can, specify where you hope to go upon completion of this fellowship.

What do you consider the optimal time for you to begin this fellowship, should it be awarded to you? How flexible is this starting time? (Give a range in weeks.)

At the time of the application, have you made commitments that would preclude a two-year commitment to a training grant?

Please state your current source of funding (if applicable):

Applicant must arrange for three letters of recommendation for the application to be considered. One letter should be from your current preceptor, Chief of Service, or thesis advisor. Provide below the names of three individuals you plan to contact. It is your responsibility to ensure that these letters of recommendation are submitted directly to the Program Office either by e-mail or in a sealed envelope.

1. _____
2. _____
3. _____

Signature

Date

This application and all supporting materials should be mailed to:

Christina Lum
Anesthesiology, Perioperative & Pain Medicine
Stanford Medicine
300 Pasteur Drive, Grant Bldg., S268
Stanford, California 94305-5117
clum1@stanford.edu

**ANESTHESIA TRAINING PROGRAM IN BIOMEDICAL RESEARCH
STANFORD UNIVERSITY (T32 GM089626)**

_____ is applying for a postdoctoral fellowship in the
(Name of applicant)

Anesthesia Training Program in Biomedical Research at Stanford University

The objective of this two-year training program is to train leaders in academic anesthesia research. Applicants for these fellowships are asked to submit letters of recommendation from at least three people who are familiar with their qualifications and accomplishments. We would greatly appreciate your evaluation of the applicant's accomplishments, including intellectual independence, capacity for analytical thinking, technical skills required for research, ability to organize and express ideas clearly, potential for teaching, potential for developing into an independent researcher, clinical skills and judgment (if applicable), and his/her motivation for entering a program such as ours.

Please write your recommendation in letter form, and indicate the nature and duration your professional relationship with the applicant. Your letter should be sent directly to:

Christina Lum
Anesthesiology, Perioperative & Pain Medicine
Stanford Medicine
300 Pasteur Drive, Grant Bldg., S268
Stanford, California 94305-5117
clum1@stanford.edu

Thank you in advance for helping us to evaluate the applicant.