

Expanded Pilot Career Development PI Waiver Cover Sheet for Clinical Fellows with M.D. and/or M.D./Ph.D.; Postdoctoral Fellows with M.D. and/or M.D./Ph.D., and Ph.D; Instructors with M.D., M.D./Ph.D., and/or Ph.D;

Date: _____ SeRA Transaction # _____
Name of Applicant: _____ Title _____
Department/Division _____ Years of Postdoctoral Training: _____
Proposal Title: _____
Grant Period: _____
Sponsor Name: _____
RFA # (if applicable): _____ Sponsor deadline: _____

Attach to this form:

Applicant's Biosketch, 1-Page Project Description or Abstract, and a Memo prepared by your mentor and co-signed by your division chief or your department chair that states the department's commitment to his/her career, describes the applicant's unique qualifications and why she/he is likely to receive the grant, and provides additional support for quality of the proposed science. The memo should include information on the location of the proposed research space, locations of other resources required for the period of this grant including equipment, research staff, etc.

CERTIFICATION

We the Primary Mentor, Postdoctoral Trainee and/or Instructor, and Department Chair, request a waiver to allow the Postdoctoral Trainee/ Instructor Applicant referenced above to submit this extramural grant as the Principal Investigator, with full responsibility for the scholarly content and direction of the proposed research.

We also understand that:

- the Postdoctoral Trainee/ Instructor is limited to one such application, and its allowable resubmission, during his/her time in that position
- this grant, if awarded, will require the Postdoctoral Trainee to be appointed as an Instructor
- if awarded, the grant may not be renewed or extended under any circumstance unless the applicant is appointed to the Stanford faculty; and
- the Postdoctoral Trainee may not serve as the advisor to any graduate student or mentor to a postdoctoral scholar.

We agree that this grant can be transferred to another appropriate institution should the applicant receive a PI position at that institution. We agree that the research will be carried out by the applicant in the space that has been assigned to the Postdoc/ Instructor by the Department/Institute and School and using the resources indicated above for the duration of the granting period.

Primary Mentor Signature _____ Date _____

Print Name

Postdoctoral Trainee /Instructor Signature: _____ Date _____

Print Name

Division Chief Signature: _____ Date _____

Print Name

Department Chair Signature: _____ Date _____

Print Name

School of Medicine-Office of the Dean: _____ **Approved** _____ **Denied**

Signature: _____ Date: _____

Dr. Harry Greenberg, Senior Associate Dean for Research