NATIONAL RESEARCH SERVICE AWARDS IN PERIOPERATIVE MEDICINE

The Physician Postdoctoral Research Training in Perioperative Medicine Training Grant is soliciting nominations from postdoctoral fellows for the 2024-2025 academic year. Preference is given to those holding an M.D. M.B.B.S, M.B.Ch.B., or V.M.D. degrees. Additionally, there is one opening available immediately for the 2023-2024 year. The training grant provides salary support, a \$500 travel allowance, money for research related expenses, money to offset the costs of eligible childcare expenses, and funding for up to two University course per semester. Appointment to a training grant serves as recognition of academic promise and distinction and provides additional training opportunities and funds for travel to scientific meetings.

To be eligible for consideration, a postdoctoral fellow must:

- be a U.S. citizen or permanent resident (green card holder)
- have not received more than four years of NRSA funding by the time of appointment.

The standard appointment length on the training grant is two years. However, a 3rd year of support may be requested. Trainees should be conducting research related to perioperative medicine.

Preference will be given to applicants with research interests focusing on:

- 1) neuroscience or pharmacology applicable to the perioperative period
- 2) perioperative pain medicine

3) systems approaches focusing on clinical or outcomes research that evaluate and/or seek to improve the delivery of perioperative medicine.

Training activities of the grant include: participation in the weekly Department of Anesthesiology and Critical Care's Research in Progress Seminar Series, the responsible conduct of research, and professional development activities.

Program Director: Dr. Max Kelz, M.D., Ph.D. (kelzma@pennmedicine.upenn.edu)

Application Process:

- Nominations may be made directly by the applicant or by the postdoctoral mentor
- Send documents to Dr Max Kelz (<u>kelzma@pennmedicine.upenn.edu</u>) or Dr. Roderic Eckenhoff (<u>Roderic.eckenhoff@pennmedicine.upenn.edu</u>)
- Documents provided by the applicant include:

Application Form (see below)	Applicant
Proof of Higher Degree	Applicant
NIH Biosketch	Applicant
Statement of research interests (<2 pages)	Applicant
Letter of support from T32 postdoctoral advisor,	Applicant
along with two other letters of recommendation	

The deadline for nominations is **May 31st, 2024.** Appointments will be made effective July 1 or according to availability.

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Name:			_ Degree(s):
Last name	First name	M.I.	
Date of Birth:	Citizenship:		
Current Department & Institu	ution:		
Has this person been previou	sly supported by a N.I	-	/esNo
*If ves inlease list gra	Int name and years of	support.	
Training Gran	•	Years	
Academic Record:			<u>GPA</u>
Academic Record:	<u>Dates</u>		<u>GPA</u>
Academic Record: Undergraduate Schools	<u>Dates</u>		<u>GPA</u>
Academic Record: Undergraduate Schools	<u>Dates</u>		<u>GPA</u>

*Names of Persons Submitting Recommendations for Appointment /Selection to the TG: Applications without letters will not be considered.

1)	 (T32 postdoctoral advisor)
2)	

3) _____

Personal Data

The information requested below will be used to evaluate the effectiveness of our recruitment efforts. This information is CONFIDENTIAL AND COMPLETELY VOLUNTARY. Answering a question or omission of an answer will not influence the selection committee's decision on being granted a training slot.

Gender _____Male

_____Female

_____Prefer not to answer

Please indicate the group(s) in which you would include yourself:

_____African American

_____Native American/Alaska Native/American Indian (Please specify your tribal affiliation)

____Asian-American

Pacific Islander

_____Mexican-American/Chicano(a)

____Puerto Rican

____Other Hispanic/Latino (please specify)

_____White/not of Hispanic origin

____Other (please specify)

____Prefer not to answer

Please indicate if any of the following apply to you:

Have a disability (a physical or mental impairment that substantially limits one or more major life activities)

____Yes

____No

____Prefer not to answer

Come from socially/culturally/educationally disadvantaged background:

____Yes

____No

Prefer not to answer

Family has an annual income below established low-income thresholds:

____Yes

____No

____Prefer not to answer

In the first generation of your family to attend college:

____Yes

____No

Prefer not to answer

If you answered yes to any of the above, please use this area to describe these factors.

Note about Personal Data questions:

When answering the diversity questions regarding income and background, please use the following definitions:

Income: Answer "yes" if you come from a family with an annual income below established low-income thresholds. These thresholds are based on family size; published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at http://aspe.hhs.gov/poverty/index.shtml.

Disadvantaged Background: Answer "yes" if you 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 acquisition of knowledge, skills, and abilities necessary to develop and participate in a research career.