

Icahn School of Medicine at **Mount** Sinai

APPLICATION FOR ADMISSION ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI T-32 Postdoctoral Fellowship Program: Training the new generation of Clinical Neuroscientists, TRainiNG-CN

	Date:		
1.	Name:		
2.	Date of birth (optional):		
3.	Female Male		
4.	Current Address: Street City State Zip Code		
	Day Phone: Evening Phone: Cellular Phone:		
	E-mail address:		
5.	Citizen of U.S. 🗌 Yes 🛛 No If no, are you a non-citizen national? 🗌 Yes 🗌 No		
	If not, are you lawfully admitted into the U.S. and have an Alien Registration Receipt Card (e.g., I-551)? Yes No		
6.	Are you Hispanic (or Latino)? Yes No Do not wish to provide		
7.	 What is your racial background? Check one or more. American Indian or Alaska Native Black or African American Native Hawaiian or other Pacific Islander White Asian Do not wish to provide 		
8.	Do you have a disability? 🗌 Yes 🗌 No 🗌 Do not wish to provide		
	If yes, which of the following categories describes your disability(ies)?		

- 9. Are you from a disadvantaged background?
 Yes No Do not wish to provide
- 10. Please list your doctoral degree, the institution from which you received your degree, the year, the title of your doctoral thesis, and the name of your advisor. If you haven't yet completed work toward your degree, include the month/year you expect to finish.

Degree: Institution:

(Expected) graduation date (month/year): (Provisional) title of doctoral thesis:

Àdvisor:

- 11. Where did you first learn of this Training Program?
 - Journal advertisement: which one?
 - Brochure/flyer
 - Website: which one?

Electronic mailing from organization: which one?

- Scientific meeting: which one?
- Personal recommendation(s): from whom?
- Other, please specify:

12. EDUCATION:

Please provide information regarding all schools attended and degrees received since high school.

SCHOOL	DEGREE RECEIVED	DATE OF DEGREE

13. EMPLOYMENT:

Please list all employment (last 5 years) relevant to your application to this program.

EMPLOYER	POSITION	DATES OF EMPLOYMENT

14. OTHER EXPERIENCE:

Please describe other activities or experience relevant to your application to this program.

15. AWARDS:

Please list any awards, honors, fellowships, or grants received.

AWARD	INSTITUTION RECEIVED FROM	DATE

16. OTHER FUNDING:

Do you presently have or have you been notified that you will receive	
with the Training the new generation of Clinical Neuroscientists,	TRainiNG-CN? 🗌 YES 🗌 NO

If yes, from what source?

17. PUBLICATIONS:

Number of publications:

Number of first-author publications:

H-index:

TITLE	AUTHORS	CITATION	DATE OF PUBLICATION

18. PREDOCTORAL APPLICANTS ONLY:

What is your registration status at Icahn School of Medicine at Mount Sinai?

CURRENTLY REGISTERED

APPLICATION FOR ADMISSION PENDING

OTHER (EXPLAIN):

19. POSTDOCTORAL APPLICANTS ONLY: What is your registration status at Icahn School of Medicine at Mount Sinai?

CURRENTLY REGISTERED (IF SO, DEPARTMENT):

APPLICATION FOR ADMISSION PENDING

OTHER (EXPLAIN):

NOT ADMITTED

20. ACADEMIC / CAREER GOALS:

State in one or two pages your academic and career goals. Please be as specific as possible. Considering the information about the Training the new generation of Clinical Neuroscientists website about the training goals and training components, state what training you wish to receive in this program that will further those goals. Why are you interested in studying Training the new generation of Clinical Neuroscientists? Do you have specific research questions you wish to address?

21. TRANSCRIPTS:

Please submit transcripts of your undergraduate and graduate academic records, Graduate Record Examinations/Medical College Aptitude Test.

22. LETTERS OF RECOMMENDATION:

Please arrange to have three (3) letters of recommendation sent to us by individuals who are familiar with your work. (Please ask them to write us. We will not contact them.)

23. WRITING SAMPLE(S):

Please include PDFs of your publications, unpublished papers for courses, relevant excerpts of Master's theses or Doctoral dissertations, or any other of your writings that may be helpful in evaluating your capabilities and interest. If not clear from the authorship, please describe your role in the written material.

24. CURRICULUM VITAE

Please include your CV with your application,