

APPLICATION FORM  
Duke University Interdisciplinary Research Training Program in AIDS  
Postdoctoral Fellowship



### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ (MM/DD/YYYY)  
Gender ☐ M ☐ F  
Ethnicity \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone # (xxx-xxx-xxx) \_\_\_\_\_ Home/Personal Phone # \_\_\_\_\_  
E-mail \_\_\_\_\_  
U.S. Citizen ☐ Lawful Permanent Resident ☐  
eRA Commons User ID (if applicable) \_\_\_\_\_

### Project Information

Current Position Title \_\_\_\_\_  
Dept. Affiliation \_\_\_\_\_  
Do you currently hold a postdoctoral training position? Yes ☐ No ☐  
If yes, please state start date \_\_\_\_\_ (MM/YYYY)  
Proposed Mentor Name \_\_\_\_\_ (First, Last)  
Dept. Affiliation \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone # \_\_\_\_\_  
Area of Proposed Research/Study \_\_\_\_\_  
Title of Project \_\_\_\_\_  
\_\_\_\_\_  
Time Period \_\_\_\_\_ (YYYY-YYYY)  
Date available to start on T32 IRTPA, if selected \_\_\_\_\_ (MM/DD/YYYY)

### Education & Training

#### Medical/Graduate School

Institution \_\_\_\_\_  
Degree \_\_\_\_\_  
Concentration/Field \_\_\_\_\_  
PhD Thesis Title (if applicable) \_\_\_\_\_  
Date/Years \_\_\_\_\_ (MM/YYYY)  
PI/Advisor Name \_\_\_\_\_ (First, Last)  
Dept. Affiliation \_\_\_\_\_

#### Undergraduate School

Institution \_\_\_\_\_  
Major(s) \_\_\_\_\_  
Minor(s) \_\_\_\_\_  
Date/Years \_\_\_\_\_ (MM/YYYY)

### Additional Degrees

Institution \_\_\_\_\_  
Degree/Diploma \_\_\_\_\_  
Concentration \_\_\_\_\_  
Thesis Title (if applicable) \_\_\_\_\_  
Date/Years \_\_\_\_\_ (MM/YYYY)

### Licenses, Certification & Awards

Recognition \_\_\_\_\_  
Date \_\_\_\_\_ (MM/YYYY)  
Reason (optional) \_\_\_\_\_

Recognition \_\_\_\_\_  
Date \_\_\_\_\_ (MM/YYYY)  
Reason (optional) \_\_\_\_\_

Recognition \_\_\_\_\_  
Date \_\_\_\_\_ (MM/YYYY)  
Reason (optional) \_\_\_\_\_

Recognition \_\_\_\_\_  
Date \_\_\_\_\_ (MM/YYYY)  
Reason (optional) \_\_\_\_\_

Recognition \_\_\_\_\_  
Date \_\_\_\_\_ (MM/YYYY)  
Reason (optional) \_\_\_\_\_

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*Please submit this application along with the following to **Melissa Kerkau** at **[melissa.kerkau@duke.edu](mailto:melissa.kerkau@duke.edu)***

- Research Summary
    - 4 pages or less, not including references
    - NIH grant format- Abstract, Specific Aims, and Research Strategy (incl. Hypotheses, Significance, Innovation, Approach, Data Analysis, & Timeline)
  - NIH Biosketch
  - Letter of Support from Prospective Mentor
  - 3 Letters of Reference
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