

Date: July 27, 2012

To: Yale Faculty

Cc: Departmental Administrators

From: Robert Sherwin, Director of YCCI

Re: Applications for YCCI Sino-American Translational Medicine Training Program

We are pleased to announce a request for applications for the YCCI Sino-American Translational Medicine Training Program. Applications for this inaugural program are requested from graduate students, post-doctoral fellows, and junior faculty who are focused on clinical or translational research. Junior faculty should have been on the faculty for less than 5 years by the anticipated start date of January 1, 2013 (less than 5 years, cumulatively, for all faculty appointments at any institution, including appointments as assistant professor, associate research scientist, lecturer, and instructor).

**Key Dates:**

Due Date for Applications: September 28, 2012

Earliest Anticipated Start Date: January 1, 2013

The purpose of the YCCI Sino-American Translational Medicine Training Program will be to promote Sino-American international collaboration in clinical and translational sciences, and enhance the bilateral exchange in experience gained and lessons learned. Those applicants that are chosen for the training program will travel to China for one month between January and June 2013 and join a research project of a mentor that will be arranged for by GlobalMD. Applicants do not need to speak Chinese as the mentor they are assigned to work with will speak English. Applicants will need to have a source of funds to cover their stipends/salary. Applicants will need to cover their own living expenses while in China and GlobalMD will cover the international travel. We expect to select 10 applicants for the program.

Those accepted into the program will need to be prepared to start the program on time, which means that all required approvals (IRB, IACUC, etc,) for awarded projects must be obtained by January 1, 2013.

All candidates must have a full-time Yale faculty appointment or a full time trainee appointment at time of the award. In addition applicants must be eligible to travel to China.

**Application**

Your application will be due on September 28, 2012 and must contain the elements listed below. Please refer to the information below.

1. Title page listing the name, academic title, address, telephone number, email of the applicant. Name and title of the person making the nomination, name of candidate mentors, and name of business office contact. Dates available for travel.
2. Candidate’s NIH-formatted biosketch
3. Candidate’s NIH Other Support Page
4. Research Interest (limited to one page)
5. Career Development Plan (limited to one page)
6. Breakdown by percentage of all current sources of support for the candidate, which should be signed off by the candidate’s business office.
7. Letter of support from the person making the nomination detailing the qualifications of the candidate (maximum of 2 pages), as well as the NIH biosketch for the Nominator.
8. Letter guaranteeing salary support during the trip, (this should come from the PI of the source of salary support)
9. Personal Data Form
10. Field of Training Page
11. Disadvantaged and Disabled Page

Applications are due by close of business day on September 28, 2012. Applicants should send all materials in an electronic format to Nicholas Licht ([Nicholas.Licht@yale.edu](mailto:Nicholas.Licht@yale.edu)). Please contact Nicholas with questions at 785-7467 or by email at [Nicholas.Licht@yale.edu](mailto:Nicholas.Licht@yale.edu).

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| Principal Investigator/Program Director (Last, First, Middle): | | | | |  | |
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| Place this form at the end of the signed original copy of the application.  Do not duplicate. | | | | | | |
| PERSONAL DATA ON Clinical and Translational Science Award Trainees | | | | | | |
| **As part of the annual reporting process for the Clinical and Translational Science Award (CTSA), we are required to report birth, gender, race and/or ethnic origin data on all applicants to career development and training awards. We do not use this data in any way. The PHS use of the data is described below. Thank you for your cooperation.**  The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator(s)/program director(s).  To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PIs/PDs are proposed, complete a form for each. **Do not attach copies of this form to the duplicated copies of the application.**  Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, “Grants: IMPAC (Grant/Contract Information).”. All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated. | | | | | | |
| DATE OF BIRTH (*MM/DD/YY*) | | |  | | | SEX/GENDER  Female  Male |
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| ETHNICITY | | | | | | |
| **1.** Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one. | | | | | | |
|  |  | ***Hispanic or Latino.*** A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, “Spanish origin,” can be used in addition to “Hispanic or Latino.” | | | | |
|  |  | **Hispanic or Latino** | | | | |
|  |  | **Not Hispanic or Latino** | | | | |
|  | | | | | | |
| RACE | | | | | | |
| **2.** What race do you consider yourself to be? Select one or more of the following. | | | | | | |
|  |  | ***American Indian or Alaska Native.*** A person having origins in any of the original peoples of North, Central, **or** South America, and who maintains tribal affiliation or community attachment. | | | | |
|  |  | ***Asian.*** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian **subcontinent**, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.) | | | | |
|  |  | ***Black or African American.*** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or African American.” | | | | |
|  |  | ***Native Hawaiian or Other Pacific Islander.*** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or **other** Pacific Islands. | | | | |
|  |  | ***White.*** A **person** having origins in any of the original peoples of Europe, the Middle East, or North Africa. | | | | |

PHS 398 (Rev. 04/06) DO NOT PAGE NUMBER THIS FORM **Personal Data Form Page**

Provide a single numeric FOT code from the list below that best fits the research training that will be provided during the appointment. Use the subcode (nonbold lowercase) unless the broader category (bold uppercase) fits best.\_\_\_\_\_\_\_



Do you have a disability? \_\_\_\_\_\_

Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities.

Do you come from a disadvantaged background? \_\_\_\_\_\_\_\_

1. Individuals who 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>.  For individuals from low-income backgrounds, the institution must be able to demonstrate that such candidates (a) have qualified for Federal disadvantaged assistance; or (b) have received any of the following student loans: Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program; or (c) have received scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

2. 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. 