UW ICTR TL1 Postdoctoral Trainee Program

Please name up to 4 mentors, the first of which must be UW faculty.

**Primary UW faculty mentor information**

Name _____________________________________________________________
Degree(s) ___________________________________________________________
Position _____________________________________________________________
School _______________________________________________________________
Email Address _________________________________________________________
Telephone (w/ area code) _______________________________________________
Description of completed faculty mentor training (NMRN, U Minnesota or any other NIH Mentor Training) ________________________________
Date of completion of faculty mentor training (Anticipated) ________________

**Secondary mentor information (If applicable)**

Name _____________________________________________________________
Degree(s) ___________________________________________________________
Position _____________________________________________________________
School _______________________________________________________________
Email Address _________________________________________________________
Telephone (w/ area code) _______________________________________________
Description of completed faculty mentor training (NMRN, U Minnesota or any other NIH Mentor Training) ________________________________
Date of completion of faculty mentor training (Anticipated) ________________
Tertiary mentor information (If applicable)

Name
Degree(s)
Position
School
Email Address
Telephone (w/ area code)
Description of completed faculty mentor training (NMRN, U Minnesota or any other NIH Mentor Training)
Date of completion of faculty mentor training (Anticipated)

Quaternary mentor information (If applicable)

Name
Degree(s)
Position
School
Email Address
Telephone (w/ area code)
Description of completed faculty mentor training (NMRN, U Minnesota or any other NIH Mentor Training)
Date of completion of faculty mentor training (Anticipated)