



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) _____