**Application for appointment to the Pharmacological Sciences Training T32**

Faculty Member:

Student:

Please answer the following questions:

1. Please fill out the table below listing all of the trainees you have had over the last ten years (all students, not just those in the PSTP).

| Trainee Name | Training Period(Degree) | Title of Research Project | Current Position of Past Trainees /Source of Support of Current Trainees |
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1. We request that all training faculty who mentor a PSTP trainee have completed or plan to take the “Entering Mentoring” workshop that reviews nationally established best practices in mentoring trainees, or have demonstrated excellence in mentoring. Please select from the options below (To check a box, double click on the check box and select “checked” in the default value section):

**[ ]** I have completed the Entering Mentoring workshop (Year: )

**[ ]** I have not yet completed the mentoring workshop but will do so at the next opportunity

**[ ]** I do not plan on taking the mentoring workshop

List any mentoring or teaching awards

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1. List how you have participated in the Pharmacological Sciences Training Program. This includes teaching, grant-writing, DWE review, attendance at seminars and/or retreat, etc.

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1. Please describe your mentoring plan for this trainee.

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