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SIGN AND SUBMIT TO CIRM

California Institute for Regenerative Medicine

Trainee Appointment Form

Complete this form at the time the trainee is newly appointed, renewing an appointment, or amending information.

Please see instructions on page 3 for proper submission.

CIRM TRAINING GRANT NUMBER (select from menu)	TYPE OF ACTION	☐ NEW Appointment ☐ RENEWAL of Appointment ☐ AMENDMENT of Information

TRAINEE INFORMATION

TRAINEE'S NAME (Last, first, initial)	SOCIAL SECURITY NUMBER (Last 4 digits) **XXXX-XX-**
PERMANENT MAILING ADDRESS OF TRAINEE	EMAIL ADDRESS

BIRTHDATE	SEX*	CITIZENSHIP*	RACE/ETHNICITY* (Select one or more)
Mo Day Yr	☐ M ☐ F	☐ U.S. Citizen ☐ U.S. Permanent Resident ☐ Other Citizenship (please specify below)	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Intentionally withheld

EDUCATION - AFTER HIGH SCHOOL

Name of Institution	Degree Received	Date Received Mo	Date Received Yr	Major Field of Study

PERIOD OF APPOINTMENT (not less than one year)	
From (month, day, year):	To (month, day, year):
NAME OF INSTITUTION (select from menu)	
INSTITUTION CITY AND ZIP CODE	

CIRM ANNUAL SUPPORT FOR TRAINEE	
TYPE OF APPOINTMENT:	
Annual stipend	$
Annual tuition and fees	$
Annual health insurance	$
Annual research and travel	$
ESTIMATED ANNUAL SUPPORT	$

MENTOR		**PROGRAM DIRECTOR**	
NAME		NAME	
SCHOOL	DEPARTMENT	SCHOOL	DEPARTMENT

CERTIFICATION AND ACCEPTANCE

I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable terms and conditions governing my appointment.	SIGNATURE OF TRAINEE	DATE
This trainee's research training will be carried out under my guidance and supervision, ensuring compliance with all applicable terms and conditions governing the training and research activities.	SIGNATURE OF MENTOR	DATE
This trainee is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this form will be given to the individual.	SIGNATURE OF PROGRAM DIRECTOR	DATE

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PROPOSED TRAINING PROGRAM

Briefly describe the proposed training program for the CIRM Scholar, including planned coursework and research activities. Description of a research project should include the focus of study, research aims, and role of trainee in the project. Please limit to visible field area.

Limit proposal description to visible field area

PUBLIC POLICY REQUIREMENTS

Please indicate if the proposed research involves any of the following:

- ☐ Human subjects
- ☐ Human embryonic stem cells
- ☐ Vertebrate animals
- ☐ Biohazardous materials

Grantee must submit to CIRM documentation (where appropriate) that certifies or verifies organizational approval for research involving biohazards, live vertebrate animals, human subjects, and/or covered stem cell lines (as defined by the CIRM Medical and Ethical Standards).

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INSTRUCTIONS:

1. **Complete** this form at the time the trainee is newly appointed, renewing an appointment, or amending information.

2. **Print** the completed form (use "print" button: top of page 1), **sign** the form (the trainee, mentor, and program director must all sign the form), and **mail** to CIRM. This is the official appointment record. Please include applicable documentation that certifies or verifies approval of proposed research involving the use of biohazards, live vertebrate animals, human subjects, or covered stem cell lines.

3. In addition, please submit the form data by **email** (use the "submit by email" button: top of page 1) to facilitate the appointment process.

For questions about completing this form please contact: Dr. Gilberto Sambrano at 415-396-9103, Dr. Patricia Olson at 415-396-9116, or Dr. Arlene Chiu at 415-396-9104.

Please mail signed form to:

Grants Management Officer
California Institute for Regenerative Medicine
210 King Street
San Francisco, CA 94107

* Sex, citizenship, and race/ethnicity information will be used to provide CIRM with statistical data on the participation of individuals from the indicated groups in the CIRM Training Grant Program. Analyses conducted on these data will report aggregate statistical findings and will not identify individuals. Information from this form will be retained by CIRM and will be treated as confidential to the extent permitted by law. If the trainee declines to provide this information, it will in no way affect the appointment.

CIRM USE ONLY			
Date received:		**Accepted by:**	