## **Program in Neuroscience**

Division of Medical Sciences -- Harvard Medical School 220 Longwood Avenue, Boston, MA 02115 Tel: (617) 432-0912 pin@hms.harvard.edu https://pinphd.hms.harvard.edu

## **Application for Faculty Affiliation**

## **INCLUDE WITH THIS APPLICATION:**

- NIH Biosketch
- NIH Other Support Pages, including all NIH Training Grants in which you are a participant. Please specify direct costs to your lab (e.g., operations, salary) / funds available to cover student costs.

direct costs to your lab (e.g., operations, salary) / funds • A comparatively recent photo in .jpg format for use on t	• · · · · · · · · · · · · · · · · · · ·
☐ I have reviewed the DMS Student Rate Sheet and "Rights and F	Responsibilities of PiN Advisors."
I understand that my home department is responsible to backst unlikely event that lab funding should run out before they finish information for the department chair or equivalent responsible p	their PhD, and that I will be asked to provide contact party for funding purposes when a student joins my lab.
I understand that PiN faculty are required to complete the CIME training program like HHMI Gilliam or Hannah Gray) within one	
Name:	
Harvard appointment title:	Department:
Affiliation with other Ph.D. programs:  BBS Immunology Virology SHB I Biophysics Systems Biology Chemical Biology Bioinformatics	Molecular & Cellular Biology Organismic & Evolutionary Biology Other: Other:
Harvard University ID:	
Mailing Address:	
Lab Address (if different than above):	
For MDs in clinical practice, average number of clinical hours per week:	
Office phone: Fax:	Cell:
Email:	
Administrative ass't:	Phone:
Administrative ass't email:	
Financial/billing contact:	
Auto info (make, model, year, license number) (for making parking reservat	ions):

Lab website:	
PubMed search string (for use on the PiN website):  If you have an unusual surname, a simple PubMed search string might be so you might need to add other parameters. Example: Obama BH[Author] AN	ufficient. Example: Obama BH[Author]. Howeve,r if your name is common, ID ("Harvard"[Affiliation]" OR "Columbia"[Affiliation]")
Please provide a 10- to 15-word description of your research. This catalogue number, and (b) on the PiN website (http://www.hms.ham	
Please provide a 250- to 300-word description of your research. T PiN website.	his language will be used on your individual faculty page on the
Please check all areas of research that best describe the work in you	ur lab:
<ul> <li>□ Gene Expression</li> <li>□ Cell biology of neurons and glia</li> <li>□ Development and plasticity</li> <li>□ Synapse function and plasticity</li> </ul>	<ul> <li>□ Neuropathology and disease</li> <li>□ Systems and integrative neuroscience</li> <li>□ Neuropharmacology and neurochemistry</li> <li>□ Receptors and ion channels</li> </ul>
Please check all techniques or experimental approaches that stude	nts might use during a rotation in your lab:
<ul> <li>□ Behavioral</li> <li>□ Biochemical/protein chemistry</li> <li>□ Computational</li> <li>□ Electrophysiological</li> <li>□ Embryologic</li> </ul>	<ul> <li>□ Molecular biological and genetic</li> <li>□ Neuroanatomical</li> <li>□ Neuronal tissue and cell culture</li> <li>□ Non-mammalian systems</li> <li>□ Imaging (microscopic and/or functional)</li> </ul>

## **Student Training Experience** Amount of lab space (sq. ft.): # of researchers currently in lab: # of post-docs currently in lab: # of thesis students currently in lab: Names of students who have worked in your lab in the past five (5) years. (Indicate graduate/undergraduate, medical, thesis, rotation, etc.) List the courses that you have participated in during the past five (5) years. Indicate level of involvement (e.g., course director, lecturer), and the number of levels given. Teaching a course or giving lectures if required during a five-year term. If you ave not involved in teaching a neuroscience course, please contact the Neurobiology Curriculum Fellow to arrange to teach a quarter course or a nanocourse. List any committees on which you have served in the past five (5) years: **Preliminary Exam Committees** List students' names **Dissertation Advisory Committees** List students' names

Dissertation Exam Committees List students' names

their undergraduate progra		ld include students from outside PiN and outside Harvard, and include tudents, list the year they entered graduate school. For past trainees, o title, if known.
Program in Neuros	science Activities	
one or more graduate student surcharge annuall \$45,918 for third- and four	dents or the full period of their trainin y beginning in the student's third yea	ral thesis research in your lab, including providing financial support for ag? Advisors are expected to provide full stipend and an advanced ar in graduate school. In AY19, the advisor's financial commitment is tudents in their fifth years or above; annual increases average around
3% - 5%.)	□ Yes	□ No
Are you prepared to accep	ot Neuroscience students for 8- to 12	?-week rotations? (This does not involve financial support .)
	□ Yes	□ No
Are you involved in teaching a neuroscience course?		
	□ Yes	□ No
Are you willing to present posters or research talks at the PiN poster session or other events?		
	□ Yes	□ No
Would you be willing to hel	lp in the recruitment of new students	s, including conducting interviews during interview weekend?
	□ Yes	□ No
Would you be willing to ser	rve on Preliminary Exam, Dissertatio	on Advisory, and Dissertation Exam committees?
	□ Yes	□ No
Would you be willing to ser	rve on either of the committees listed	d below?
	☐ Admissions	□ Steering
	TAMINOSIONS	
Signature		Date