

Submit all application materials by **May 12** to [DOM.LRPDMI.Award@duke.edu](mailto:DOM.LRPDMI.Award@duke.edu).

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| **2023** **LOAN REPAYMENT PROGRAM TO PROMOTE  DIVERSITY AND INCLUSION IN MEDICINE (LRPDIM) Application**  **07/1/2023 – 6/30/2025 LRPDIM will provide up to $50,000 per year for 2 years** | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | |
| 1. **APPLICANT’S NAME** (Last, First, Middle): | | | | | 2. **DEGREE(S)**: | | | | | |
|  | | | | |  | |  |  |  | |
| 3. **POSITION TITLE**: | | | | | 4. **ANNUAL SALARY** (Enter your current compensation): | | | | | |
| Select your position title. | | | | | $ | | | | | |
| 5**. DIVISION:**  Select your division. | | | | | 6. **MAILING ADDRESS OF THE APPLICANT:**  Street Address:  City / State / Zip: | | | | | |
| 7. **DATE OF BIRTH** (MM/DD/YY): | | | | |
| 8. **PHONE NUMBERS**: (Area code, number, and extension) | | | | | 9. **WORK E-MAIL ADDRESS OF THE APPLICANT:** | | | | | |
| **WORK:** |  | | **CELL:** |  |  | | | | | |
| 10.  **GENDER**: Select your gender. | | | | | 11. **RACE** (Select the appropriate checkbox(es). You may select more than one.)  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White | | | | | |
| 12. **ETHNICITY:**  Select your ethnicity. | | | | |
| 13. **DUKE START DATE** (MM/DD/YYYY): | | | | |
| 14. **Have you been denied by the NIH Loan Repayment Program?**  Yes  No | | | | | 15. **If denied by NIH Loan Repayment Program, explain why**. | | | | | |
| 16. TOTAL AMOUNT REQUESTED:   $ | | | | | 17. **MENTOR’S NAME:** | | | | | |
| 18. **DATES OF PROPOSED PERIOD OF SUPPORT:**   (MM/DD/YYYY) | | | | | 19. **DIVISION CHIEF:** | | | | | |
| From | | Through | | | Name | Select your division chief. | | | | |
| 07/01/2023 | | 6/30/2025 | | | Address |  | | | | |
| 20. **RESEARCH PROJECT TITLE:** (Do not exceed 81 characters, including spaces and punctuation.) | | | | |  |
|  |
| **SIGNATURE OF APPLICANT** | | | | | **DATE** |
|  | | | | | **SIGNATURE OF DIVISION CHIEF** | | | | | **DATE** |

Face Page

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| **NIH BIOGRAPHICAL SKETCH (Submit non-fellowship biosketch in specified NIH format. Do not exceed 5 pages.)** |

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

* **BIOGRAPHICAL SKETCH**

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

| INSTITUTION AND LOCATION | DEGREE  *(if applicable)* | Completion Date  MM/YYYY | FIELD OF STUDY |
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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

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| **PERSONAL STATEMENT (Do not exceed 1 page.)** | |
| DIRECTIONS: Describe why you are a strong candidate for an LRP award and your potential to succeed as an independent researcher. Relevant factors may include your previous research training and/or previous research work, your short and long-term academic and research objectives, any relevant academic/professional achievements or honors, any research project support awards, and any significant contributions to science. |
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| **RESEARCH PROJECT / ACTIVITIES** |
| 1. **RESEARCH PROJECT TITLE:** (Limit 81 characters, including spaces and punctuation.) |
|  |
| 2. **PROJECT ABSTRACT:** (Provide a summary or abstract of your research project, using up to 2,000 characters.) |
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| **RESEARCH ACTIVITIES** (**Do not exceed 8 pages.)** |
| DIRECTIONS: Describe the research activities you will pursue throughout the LRP award and your specific role and responsibilities. The plan should include specific hypothesis/hypotheses and/or a list of the specific aims and/or objectives that will be pursued; a description of the methods/approaches/techniques to be used for each aim, and an analytic plan to be used on the data generated by your approach. Literature citations, images, and bibliography are included in the eight (8) page limit.  It is important to relate the research plan to your scientific career goals. Describe how the research, coupled with other developmental activities, will provide the experience, knowledge, and skills necessary to achieve the objectives of your career development plan. |

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| **CAREER DEVELOPMENT PLAN (Do not exceed 5 pages.)** | |
| DIRECTIONS: Describe how this plan will foster the development of your research career. This description should include not only training relevant to your research but also other developmental activities, such as grant submissions, seminars, scientific meetings, training in the responsible conduct of research, presentations, etc. Include information on planned (and prior) participation in DOM- and SOM-sponsored career development opportunities. |

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| **MENTORING PLAN (Do not exceed 2 pages.)** | |
| DIRECTIONS: Describe your mentoring plan and explain how this plan will foster the development of your research career. Describe how your mentor will contribute to your training program and his/her prior experience as a mentor of other investigators. Additionally, discuss the nature and extent of supervision that will occur during the award period. Include all members of your mentoring team, providing names, and describing their involvement. |

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| **LOAN REPAYMENT INFORMATION (List all loans you wish to be considered for repayment by the LRPDIM.** **provide a promissory note, account statement, and a Federal Student Aid (FSA) report for each loan listed in your application. Total debt must equal or exceed 20% of the total base salary.)** | | | |
| 1. **NAME OF LENDING INSTITUTION / SERVICING AGENT:** | 2. **LOAN ORIGIN:** | | |
|  | U.S. | Non-U.S. | |
| 3. **ORIGINAL LOAN AMOUNT**: $ | 4. **LOAN TYPE:** | | |
| 5. **CURRENT BALANCE:** $ | Select the loan type.  Other: | | |
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| **MENTOR INFORMATION** | |
| 1. MENTOR’S NAME (Last, First, Middle): | 2. MENTOR’S E-MAIL ADDRESS): |
|  |  |
| 3. POSITION TITLE: |  |
| Select your position title. |  |
| **MENTOR’S STATEMENT:** (**Do not exceed 1 page.)** | |
| DIRECTIONS: Demonstrate existing relationship with the applicant and clear commitment to providing sufficient time and resources to assure that the applicant can achieve research and career development goals. | |
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| **MENTOR’S NIH BIOGRAPHICAL SKETCH (Submit non-fellowship biosketch in specified NIH format. Do not exceed 5 pages.)** |

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 09/30/2024)

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**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

**C. Contributions to Science**

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| **DIVISION CHIEF LETTER OF RECOMMENDATION** |
| DIRECTIONS: Indicate support for the applicant as someone with (a) strong potential for success as an investigator; (b) a valuable member of the division to further its research mission; and (c) the chief’s commitment to providing resources to further the candidate’s career. The letter must include the provision of a discretionary fund source to cover the award or a brief statement of division funding need— documenting (1) reasons why clinical assignment at the VA or DUHS is not an option and (2) limited access to divisional discretionary funds. |