**Application for Participation in**

**“Training in fMRI Course”**

**July 31, 2023 through August 11, 2023**

**Email completed application with your CV and recommendation letters to:**

**Mary Mohrbach mohrbach@umich.edu**

**Name:**

**Home Address:**

**Cellphone:**

**Email: For NIH Reporting, please consider completing the following Ethnic, Gender, and Race statements.**

**Please place an “x” next to the statement that applies to you in each of the following Ethnic and Race Categories, and identify your Gender.**

**Ethnic Category**

\_\_\_\_\_Hispanic or Latino

\_\_\_\_\_Non-Hispanic or Non-Latino

**Gender: Please describe your gender identity.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Racial Categories**

\_\_\_\_\_American Indian/Alaska Native

\_\_\_\_\_Asian

\_\_\_\_\_Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ Middle Eastern or North African

\_\_\_\_\_Black or African American

\_\_\_\_\_White

**What University do you attend and what is your affiliation (graduate student, postdoc, faculty)**

**What is the name of your advisor?**

**Are you a US Citizen/Permanent Resident \_\_\_\_Yes \_\_\_\_\_No**

**I heard about this program through (specify name of conference or organization or advertisement):**

**Description of clinical practice or research setting in which fMRI would be used:**

**Describe resources available at your institution that you would work with:**

**Description of previous relevant clinical and research accomplishments:**

**Are you likely to work with clinical populations?**

\_\_\_Yes \_\_No

**If yes, then which population(s)? Check all that apply.**

|  |
| --- |
| \_\_\_Aging  |
| \_\_\_Dementia (e.g., Alzheimer’s disease, mild cognitive impairment, frontotemporal  |
| dementia)  |
| \_\_\_Stroke  |
| \_\_\_Epilepsy  |
| \_\_\_Traumatic Brain Injury  |
| \_\_\_Neurooncology  |
| \_\_\_Depression  |
| \_\_\_Anxiety  |
| \_\_\_Schizophrenia  |
| Other (please provide): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Please indicate the extent of your knowledge of Matlab and how many years of Matlab experience you have.**

**Why do you need the UM training course in fMRI as opposed to some other training opportunity, including any at your home institution?**

**Please submit application (for the name of the file please use your last name\_fmri.app) with your CV to mohrbach@umich.edu. Arrange to have two letters of recommendation submitted by email to: mohrbach@umich.edu. Deadline for submission is January 16, 2023. All materials including recommendation letters must be received by this date. Note that to qualify for funding for the travel subsistence, you must be a U.S. Citizen or Permanent Resident.**