

CMB Faculty Trainer Review

Return completed form to cmb@bocklabs.wisc.edu.

Immunology

Membrane Biology & Protein Trafficking

Membership in the CMB Program is reviewed every five years. The criteria of evaluation consist of participation in CMB Program activities, funding, relevance of research, and track record of graduate student training, with an emphasis on the latter. In particular, the review committee will consider the relative success, productivity, and time-to-degree for your graduate students. Circumstances that can result in loss of trainer status include but are not limited to: lack of participation in CMB Program activities, loss of funding for multiple years, failure to provide an adequate graduate training environment in your laboratory, and failure to provide accurate and complete information on this form. The information you provide in this questionnaire will be used to evaluate your continued participation in the CMB Program.

Attach an NIH format biosketch (5 pages maximum) Name: Title: **Assistant Professor Associate Professor **Full Professor Home department: Address:** Phone: **Email:** Lab or department website: Choose up to three research focus group affiliations: Cancer Biology Physiology Cell Adhesion & Cytoskeleton Plant Biology Cellular & Molecular Metabolism RNA Biology Developmental Biology & Regenerative Medicine Systems Biology

Transcriptional Mechanisms

Virology

Molecular & Genome Biology of Microbes

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The information provided below will be used to update your faculty trainer profile on the CMB website.

a	Provide	a	3-5	word	researc	h c	lescrip	tion:
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2. Teaching and Mentoring

a. For the past 10 years, list graduate students who have trained in your lab for longer than a rotation, include students who have left your lab without a degree and students in other programs:

Student Name	Graduate Program	Training Period	Title of Research Project	Current Position or Source of Support



b. List all post docs who have trained in your lab over the last 10 years:

Student Name	Training Period	Title of Research Project	Current Position or Source of Support

c. Describe your role as a mentor of graduate stud	dents:
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d. How will you teach students the scientific method, scientific thinking, effective scientific communication (oral and written), collaboration, and networking?

e. List mentor training workshops that you have participated in over the past five years through CMB or elsewhere on campus (title of workshop and date attended):
f. List activities offered by you and your lab group that provide graduate training in cellular and/or molecular biology (e.g., joint lab meetings, journal clubs, interactions with focus groups):
g. List (or attach) publications of your graduate students from the past five years (bold the name of your graduate student in each listing):



h. List all graduate course(s) you teach in cellular and/or molecular biology:

Course Name	Department & Course Number	Dates of Course (e.g., every spring semester, every other spring semester)	Number of Lectures

3. Funding

Skip if provided in biosketch.

Active:	Name	Grant Title	Support Period	Current Year Support (\$)
Pending:				

4. Participation in the CMB Program

a. List the position and dates for CMB Committees you have participated in over the past five years:

Committee	Position: Chair or Member	Dates
Admissions Committee		
Advising & Orientation Committee		
Coordinating Committee		
Curriculum Committee		
DEIC		
Focus Group		

b. List the dates of CMB activities you have participated in over the last five years:

Activity	Dates
First Year Advising	
CMB Thesis Committees	
Focus Group Events	
Orientation	
Recruiting	
Professional Development Panels	
Diversity Initiatives	
Other:	

c. List all other graduate programs and training g indicate your formal responsibilities for each:	grants in which you currently participate and
d. Check all of the activities that you would be w	villing to participate in over the next five years:
Admissions	DEIC
Advising & Orientation	Focus Group Chair
Awards	Recruiting
Other:	