

UTHSC College of Pharmacy Drug Discovery  
Center Membership Form

FULL TIME FACULTY WITH  
PRIMARY APPOINTMENT IN  
COP?

YES

NO

TODAY'S DATE

TITLE

MEMBERSHIP TYPE

FULL

ASSOCIATE

NAME

EMAIL

WORK NUMBER

MOBILE NUMBER

INSTITUTION

DEPARTMENT

ADDRESS:

MAIN RESEARCH  
INTERESTS (LIMIT TO  
1000 CHARACTERS)

FIVE MOST SIGNIFICANT  
PUBLICATIONS

CURRENT FUNDING

RECENT FUNDING HISTORY  
(PAST THREE YEARS)

BRIEF DESCRIPTION OF  
PROPOSED PROJECTS  
(1000 CHARACTERS LIMIT)

Please Email along this form an NIH style biosketch to [drugdisc@uthsc.edu](mailto:drugdisc@uthsc.edu). The DDC team will review these materials and will be in contact with you soon. Email to [drugdisc@uthsc.edu](mailto:drugdisc@uthsc.edu) for any questions or suggestions. Thank you for your interests.