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Best Foot Forward – Navigating the New NIH Biosketch

David Carroll PhD

Director, Research Funding Development,
NC TraCS

Nov 28, 2014 - [NOT-OD-15-024](#) announces new biosketch format, effective 1/25/2015



Dec 5, 2014 – [NOT-OD-15-032](#) pushes implementation date to 5/25/2015



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, include 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

New page limit

Include up to **four** refs that highlight your experience and qualifications

NIH announced this provision in 2011 [NOT-OD-11-045](#), but this is the first explicit mention in the biosketch

Describe up to 5 contributions to science

Include up to **four** refs supporting each Contribution

URL to entire bibliography

NOTE: The Biographical Sketch may not exceed **five pages**. Follow the formats and instructions below.

A. Personal Statement

Briefly describe why you are well-suited for your role in the project described in this application. The relevant factors may include aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and your past performance in this or related fields (you may mention specific contributions to science that are not included in Section C). Also, you may identify up to four peer reviewed publications that specifically highlight your experience and qualifications for this project. If you wish to explain impediments to your past productivity, you may include a description of factors such as family care responsibilities, illness, disability, and active duty military service.

B. Positions and Honors

List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal Government public advisory committee.

C. Contribution to Science

Briefly describe up to five of your most significant contributions to science. For each contribution, indicate the historical background that frames the scientific problem; the central finding(s); the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and your specific role in the described work. For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations. Also provide a URL to a full list of your published work as found in a publicly available digital database such as SciENcv or My Bibliography, which are maintained by the US National Library of Medicine.

D. Research Support

List both selected ongoing and completed research projects for the past three years (Federal or non-Federally-supported). Begin with the projects that are most relevant to the research proposed in the application. Briefly



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: **Hunt, Morgan Casey**eRA COMMONS USER NAME (credential, e.g., agency login): **huntmc**POSITION TITLE: **Associate Professor of Psychology**

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include 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
University of California, Berkeley	B.S.	05/1990	Psychology
University of Vermont	Ph.D.	05/1996	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/1998	Public Health and Epidemiology

A. Personal Statement

I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. My research includes neuropsychological changes associated with addiction. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2005-2006 my career was disrupted due to family obligations. However, upon returning to the field I immediately resumed my research projects and collaborations and successfully competed for NIH support.

- Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. *Psychology and Aging*, 23(4), 10-22.
- Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.
- Hunt, M.C., Wiechelt, S.A. & Merryle, R. (2008). Predicting the substance-abuse treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292 Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. *Gerontology*, 46(3), 122-145.

B. Positions and Honors**Positions and Employment**

1998-2000	Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2000-2002	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2001-	Consultant, Coastal Psychological Services, San Francisco, CA
2002-2005	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO

2007- Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

1995- Member, American Psychological Association
1998- Member, Gerontological Society of America
1998- Member, American Geriatrics Society
2000- Associate Editor, Psychology and Aging
2003- Board of Advisors, Senior Services of Eastern Missouri
2003-05 NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2007-11 NIH Risk, Adult Addictions Study Section, members

Honors

2003 Outstanding Young Faculty Award, Washington University, St. Louis, MO
2004 Excellence in Teaching, Washington University, St. Louis, MO
2009 Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

C. Contribution to Science

1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem but guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
 - a. Gryczynski, J., Shaft, B.M., Merryle, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. *American Journal of Alcohol and Drug Abuse, 15*(3), 222-238.
 - b. Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. *International Journal of Drug Policy, 30*(5), 46-58.
 - c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. *Journal of Applied Gerontology, 28*(2), 26-37.
 - d. Hunt, M.C., Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2007). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. *Addiction, 104*(9), 1436-1606. PMID: PMC9000292
2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.
 - a. Hunt, M.C., Merryle, R. & Jensen, J.L. (2005). The effect of social support networks on morbidity among elderly substance abusers. *Journal of the American Geriatrics Society, 57*(4), 15-23.
 - b. Hunt, M.C., Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2005). Aging out of methadone treatment. *American Journal of Alcohol and Drug Abuse, 15*(6), 134-149.
 - c. Merryle, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing, 38*(2), 9-23. PMID: PMC9002364
3. Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks

2007- Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

1995- Member, American Psychological Association
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1998- Member, American Geriatrics Society
2000- Associate Editor, Psychology and Aging
2003- Board of Advisors, Senior Services of Eastern Missouri
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Honors

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C. Contribution to Science

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 - Gryczynski, J., Shaft, B.M., Merrylye, R., & Hunt, M.C. (2002). Community based participatory research with late-life addicts. *American Journal of Alcohol and Drug Abuse*, 15(3), 222-238.
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 - Merrylye, R. & Hunt, M.C. (2007). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing*, 38(2), 9-23. PMID: PMC9002364
- Methadone maintenance has been used to treat narcotics addicts for many years but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks

that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.

- Hunt, M.C. & Jensen, J.L. (2003). Morbidity among elderly substance abusers. *Journal of the Geriatrics*, 60(4), 45-61.
- Hunt, M.C. & Pour, B. (2004). Methadone treatment and personal assessment. *Journal Drug Abuse*, 45(5), 15-26.
- Merrylye, R. & Hunt, M.C. (2005). The use of various nicotine delivery systems by older nicotine addicts. *Journal of Ageing*, 54(1), 24-41. PMID: PMC9112304
- Hunt, M.C., Jensen, J.L. & Merrylye, R. (2008). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in My Bibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/collections/public/1PgT7IEFIAJBtGMRdWFmJWAO/?sort=date&direction=ascending>

D. Research Support

Ongoing Research Support

R01 DA942367 Hunt (PI) 09/01/08-08/31/16
Health trajectories and behavioral interventions among older substance abusers
The goal of this study is to compare the effects of two substance abuse interventions on health outcomes in an urban population of older opiate addicts.
Role: PI

R01 MH922731 Merrylye (PI) 12/15/07-11/30/15
Physical disability, depression and substance abuse in the elderly
The goal of this study is to identify disability and depression trajectories and demographic factors associated with substance abuse in an independently-living elderly population.
Role: Co-Investigator

Faculty Resources Grant, Washington University 08/15/09-08/14/15
Opiate Addiction Database
The goal of this project is to create an integrated database of demographic, social and biomedical information for homeless opiate abusers in two urban Missouri locations, using a number of state and local data sources.
Role: PI

Completed Research Support

R21 AA998075 Hunt (PI) 01/01/11-12/31/13
Community-based intervention for alcohol abuse
The goal of this project was to assess a community-based strategy for reducing alcohol abuse among older individuals.
Role: PI





Old Format	New Format
4 page limit	5 page limit
Personal Statement	Personal Statement + 4 refs
	5 contributions to Science + 4 refs each
15 selected refs	Up to 24 selected refs
	Link to online bibliography





New Biosketch Formats for

- Research Grant applications
- Predoctoral Fellowship applications
- Postdoctoral Fellowship applications

<http://grants.nih.gov/grants/funding/424/index.htm#format>



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“Significant Contributions to Science”

- *indicate the historical background that frames the scientific problem*
- *the central finding(s)*
- *the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology*
- *your specific role in the described work.*



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- b. Shaft, B.M., Hunt, M.C., Merryle, R., & Venturi, R. (2003). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. *International Journal of Drug Policy*, 30(5), 46-58.
- c. Hunt, M.C., Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2004). Early-life family and community characteristics and late-life substance abuse. *Journal of Applied Gerontology*, 28(2), 26-37.
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"indicate the historical background that frames the scientific problem"

"the central finding(s)"

"the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology"

"your specific role in the described work"





Addresses “Science”, rather than the specific application – will require only gradual updating (unlike Personal Statement)

Keep it short and simple

- You’re allowed ½ page per – don’t feel like to have to fill up the page
- You’re allowed 5 items – you don’t have to include 5.
- Bullet points
- Be realistic about what is considered “significant”

What is the junior investigator to do?

- Citation# / H-index
- Doctoral work





Contributions references can be pretty much anything.....

“For each of these contributions, reference up to four peer-reviewed publications or other non-publication research products (can include audio or video products; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware) that are relevant to the described contribution. The description of each contribution should be no longer than one half page including figures and citations.”

Other than link to biblio, URLs still **not** permitted in biosketch, but “non-standard” items can be included in bibliography and cited in bio



On-Line Bibliography

- Set it up now, not in May
- [myNCBI](#)
 - Manage lit searches
 - Bibliography
 - <http://www.ncbi.nlm.nih.gov/myncbi/browse/collection/47226327/?sort=date&direction=ascending>
 - sciENCv





For an annotated PDF version of this
presentation:

d_carroll@unc.edu

NIH Office of Extramural Research (OER) Biosketch FAQs:

http://grants.nih.gov/grants/policy/faq_biosketches.htm#4388

UNC Health Sciences Library and HSL Research Hub

<http://guides.lib.unc.edu/compliance/myncbisetup>



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Grant Application Scientific and Editorial Review



The NC TraCS Proposal Development Group will assist UNC researchers in *grant application design and preparation* by providing:

- Ongoing assistance from concept development to application submission
- Review of Specific Aims and study design early in the proposal development process
- Grantsmanship advice
- Editorial review for language and style
- Review for consistency with funding announcement focus and agency priorities
- Multi-investigator and multi-disciplinary grant applications edited for style and thematic consistency of projects and cores
- *Review of resubmission applications* to ensure a complete, accurate response to reviews

For more information or to meet with a grant expert, please fill out the **Request a Consult form** available at tracs.unc.edu or email nctracs@unc.edu.

GIVE YOURSELF A COMPETITIVE EDGE



CTSA Clinical & Translational
Science Awards

The NC TraCS Institute is the integrated home of the NIH Clinical and Translational Science Awards (CTSA) program at UNC-Chapel Hill, grant 1UL1TR001111. The CTSA program is led by the NIH's National Center for Advancing Translational Sciences (NCATS).

NC TraCS combines the research strengths, resources and opportunities of UNC and its partners RTI International and N.C. A&T to accelerate clinical and translational research from health science discovery to dissemination to patients and communities. We seek to overcome barriers to translation by improving efficiency, training the research workforce and sharing successful, validated research methods.