

ORISE Fellowship Training Program

Application

General Instructions

1. All documents must be in English or include an official English translation.
2. Complete the application form, and attach the following:
 - a. Resumé or Curriculum Vitae including:
 - Name
 - Address
 - Contact Information
 - Academic history and degree conferment date (if applicable)
 - Employment history
 - Experiences relevant to the position, and
 - Publication List (if any)
 - b. Transcripts
 - c. References from **two** persons (*including your thesis or dissertation adviser, if applicable*) who are familiar with your professional or educational qualifications.
 - d. Degree-granting or most recent transcript(s).
 - e. Proof of Health Insurance
 - f. A copy of a state issued ID, passport or legal permanent residence card ("green card")

DO NOT SEND APPLICATIONS DIRECTLY TO THE FDA. PLEASE SEND ALL COMPLETED APPLICATIONS TO THE ACG OFFICE PER THE "APPLICATION GUIDELINES"

Application

Applicant Name: _____
(Last name) (First name) (Middle name)

6. Describe the educational and professional goals you expect to achieve as a result of participating in this program.

7. How did you learn about this program? _____

8. Do you have current health insurance? Yes No

9. Attach Resume or Curriculum Vitae (Must include the following information.)

Academic History (institution, dates, degree, major, GPA)
Employment Record (current employer, salary, dates, part-time or full-time)
Relevant Research Experiences

10. Remember to include transcripts.

Demographic Information

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your submission of this information will assist us in this regard. We appreciate your cooperation. If you decline to provide this information, it will in no way affect consideration of your application.

Race/Ethnicity (check only one)

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African
- Caucasian
- Other, specify: _____

Sex:

- Female
- Male

Date of Birth: (MM/DD/YYYY) _____

Disability: *(physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)*

- Yes
- No

Application

Reference #1 (A letter may be substituted, if more convenient.)

Applicant Name: _____
(Last name) (First name) (Middle name)

How long and in what association have you known the applicant? Thesis/Dissertation Advisor

In a group of 100 science and math students of comparable age and experience, how would you rate the applicant with respect to the following **PERSONAL CHARACTERISTICS?**

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate
Motivation toward a productive career	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth during total period observed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Imagination and originality of thought	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional maturity and stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence and self-reliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In a group of 100 science and math students of comparable age and experience, how would you rate the applicant with respect to the following **SCIENTIFIC CAPABILITIES?**

	Below Average	Average	Above Average	Outstanding	Superior	Inadequate
Mastery of fundamental knowledge in field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skill/originality of research project design	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory skill and technique	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate (written/oral)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Application

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for research. Please comment on both the applicant's weak and strong points.

Comments:

Signed By

Date

Typed/Printed Name:

Title

Phone Number

Address

Application

Add any descriptive comments that will assist in providing a complete picture of the applicant's character, attitude, abilities, and potential for research. Please comment on both the applicant's weak and strong points.

Comments:

Signed By

Date

Typed/Printed Name:

Title

Phone Number

Address