

## **NIEHS Fellowships in Environmental Medicine**

**Application Form for Awards beginning Summer 2011**

**Division of Intramural Research, NIEHS, Research Triangle Park, NC, 27709**

**Submit the Application electronically via email to: [schrader@niehs.nih.gov](mailto:schrader@niehs.nih.gov)**

**Required letters of reference and transcripts should be sent directly to:**

William T. Schrader, Ph.D., Deputy Scientific Director

Division of Intramural Research

NIEHS

111 T.W. Alexander Drive

Research Triangle Park, NC 27709

### **Eligibility Criteria:**

1. This program is intended for pre-doctoral students in the health professions only. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME), a dental school that is accredited by the Commission on Dental Accreditation, or an osteopathic school that is accredited by the American Association of Colleges of Osteopathic Medicine (AACOM).
2. Candidates in M.D./Ph.D. programs are eligible to apply.
3. Candidates must have completed a year of clinical rotations prior to starting the program.
4. Candidates must be U.S. citizens or permanent residents.

### **Application Tips:**

Choose an appropriate investigator at NIEHS who will serve as your preceptor for this research Fellowship. To access information about NIEHS intramural scientists and their research programs, see <http://www.niehs.nih.gov/research/atniehs/index.cfm>. A search engine is available at <http://tools.niehs.nih.gov/topics/> to guide in accessing specific research areas and methodologies.

1. Discuss with that person your interests and credentials. If that individual and you agree that you would be a good fit in that laboratory, then decide upon a suitable project that is mutually acceptable to you both.
  - a. The project should have relevance to your career interests in human health.
  - b. The project should be appropriate for the period of time proposed (typically, one year) and to your level of scientific/health skills
  - c. The project should be relevant to environmental health. A strong application will show how environmental factors will be studied with respect to the research.
2. The NIEHS PRECEPTOR shall write a letter or email addressed to Dr. William Schrader, outlining support for your candidacy, for the project itself, and their plans for you to be mentored during your project.
3. Please supply all requested information below. NIEHS will not accept your application if any of these fields is blank. If you wish to submit your application now but would like to take more time to compose your responses for some requested fields, you can do so by entering "placeholder" data (e.g., "To be submitted at a later date") in the relevant fields. It is your responsibility to update the entry by submitting a revised, complete application form prior to the deadline date.
4. Be sure that the e-mail addresses you provide for your references are accurate.
5. Proofread your application thoroughly for accuracy and completeness.

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6. Apply as early as possible and encourage your references to submit their letters promptly using the electronic system.
7. The deadline for receipt of applications is February 27, 2009. Be sure that your letters of recommendation are submitted electronically by that date.

## The Application Itself

### I. Personal Information

Name:

First: \_\_\_\_\_

Initial: \_\_\_\_\_

Last: \_\_\_\_\_

Academic E-mail Address: \_\_\_\_\_

Current Mailing Address:

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Country \_\_\_\_\_

Telephone Number for Contact during Business Hours: \_\_\_\_\_

### II. Citizenship: \_\_\_\_\_

If Permanent Resident, Country of Citizenship \_\_\_\_\_

Alien Registration No. \_\_\_\_\_

### III. Proposed Fellowship Period:

1. Requested starting date (month/year) \_\_\_\_\_

2. Requested duration (months) \_\_\_\_\_

### IV. Academic Information

Professional School Name: \_\_\_\_\_

Medical School  or Dental School  or Osteopathic School

Your Current Year of Professional School: \_\_\_\_\_

Year of School for which you seek this Fellowship: \_\_\_\_\_

*NOTE: All 4th year applicants who are selected to participate in the NIEHS Fellowship program must make arrangements with their medical, dental, or osteopathic school to defer graduation until after completing the Fellowship period. This requirement must be met prior to starting at NIEHS.*



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Reference 3:

Full Name: \_\_\_\_\_  
Academic Address: \_\_\_\_\_  
email address: \_\_\_\_\_  
Tel.: \_\_\_\_\_

NIEHS Preceptor Reference: Contact your proposed preceptor to request that this individual submit a letter on your behalf as described above.

VII. The Research Proposal:

1. Clinical Research Area of Interest: \_\_\_\_\_

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2. (One page maximum) Discuss your research interests, career goals, and reasons for applying for the Fellowship in Environmental Medicine. Attach as a separate file or you may choose to paste the text into this text box:

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(Two pages maximum) Describe the research project. Indicate the background to the research, the hypothesis to be tested, the approach to be taken, and the research tools you propose to use. Discuss this portion in detail with your NIEHS preceptor. Attach as a separate file or you may choose to paste the text into this text box and the one on the following page. PROJECT Page 1:

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PROJECT Page 2: