

# NCI R25T Postdoctoral Fellowship in Cancer Prevention Checklist and Coversheet

**Date:**

**Candidate Name:**

**Street Address:**

**City:**  **State/Province:**  **Zip/Postal Code:**

**Email Address:**

**Home Phone:**  **Cell Phone or Alternate Phone:**

**Current Institution:**

**Title of Proposal:**

**Primary:**  **Department:**

**Co-Mentor:**  **Department:**

**Co-Mentor:**  **Department:**

**Citizenship Status:**

UT MD Anderson Cancer Center  
Division of Cancer Prevention & Population Sciences  
**Cancer Prevention Research Training Program**  
P.O. Box 301439  
Unit 1365  
Houston, TX 77030-1439  
[www.CancerPreventionTraining.org](http://www.CancerPreventionTraining.org)

## Application Checklist: *Please read the instructions in the file "Announcements and Instructions" carefully before completing the checklist.*

- Research Proposal**  
Title Page  
Abstract  
Body of Proposal
- Educational Objectives**
- Career Development Plan**
- Background or Special Skills (optional)**
- Other Comments (optional)**
- Letter's of Support** (One from EACH mentor, signed and on Letterhead sent directly to [apply@cancerpreventiontraining.org](mailto:apply@cancerpreventiontraining.org)).
- Mentor's Profile Form**
- Mentor(s)' NIH Biosketch and Other Support** (from each mentor listed).
- Parent Project Documents, if applicable**
- Face Page  
Abstract  
Specific Aims    OR:     **Not applicable (There is no parent project for this proposal.)**
- Three letters of recommendation, signed, dated, and on letterhead, from external recommenders**, submitted directly from the recommender to [apply@cancerpreventiontraining.org](mailto:apply@cancerpreventiontraining.org).

**Recommender 1:**

**Recommender 2:**

**Recommender 3:**

**Curriculum Vitae (CV)**

**Letter from your dissertation chair**, if applicable, assuring that you will complete your dissertation within the next few months, **signed and on letterhead**, (Only for applicants who have not yet completed their doctoral degrees);

**GRE Test Scores** (MCAT if applicable; copies are acceptable.)

**Transcripts.** All unofficial transcripts or copies of all official transcripts are acceptable for application purposes. (For School of Public Health applicants ONLY: Please make sure you request transcripts which include your instructor comments.) If you are awarded the fellowship, you will be asked to provide official transcripts.

**CP RTP Fellowship Requirements Memo**

**Keywords and Suggested Reviewers Form**

**R25T Application Checklist (this form), completed and signed.**

**DEMOGRAPHICS:** Please answer the optional questions below. This information is used solely for reporting purposes to the NIH & will not be used in a discriminatory manner.

Please select your gender:  Are you Hispanic or Latino (including Spain)?

What ethnicity best describes you?

If additional ethnicities apply, please type:

Are you the 1st in your immediate family to graduate from college?

Preferred Language:  Primary Language spoken at home:

Mother's Highest Degree Earned?  Father's Highest Degree Earned?

I qualify as an individual from a disadvantaged background according to federal criteria. (See below)

(1) Come from an environment that inhibited the individual from obtaining the knowledge, skill and ability required to enroll in and graduate from a health professions school; or  
(2) Come from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these [income levels in the Federal Register](#).

**Required Signatures:** ONLY the applicant's signature is required at the time of submission. The Academic Coordinator and CP RTP Staff will sign this form after our office receives the complete application.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dee Tello, Academic Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

CP RTP Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Required Documents**

- For your information, the following additional documents will be required by MD Anderson Office of Trainee and Alumni Affairs if you are awarded the NCI R25T Postdoctoral Fellowship in Cancer Prevention:
- Required MD Anderson Immunization Form, signed by physician or licensed health care provider. Please be sure your immunizations are up to date in order to avoid delays.
  - TB Skin Test. Must be current within one year of your application submission date. Since obtaining a TB test and reading takes a *minimum* of 3 business days, we recommend that you have this completed at your earliest opportunity. Test results will be entered onto the MD Anderson Immunization Form.
  - Consumer Report
  - Personal and Criminal History Background Check
  - Proof of Selective Service Registration, if applicable
  - Credential Evaluation, if highest degree is from outside the US

- INSTRUCTIONS:**
1. Type in all requested data into this checklist,
  2. Print this checklist & all requested documentation listed on the APPLICATION INSTRUCTIONS,
  3. SCAN the completed & signed checklist and all requested documents in order, into ONE PDF DOCUMENT,
  4. E-mail your stitched application to: [apply@cancerpreventiontraining.org](mailto:apply@cancerpreventiontraining.org),
  5. The subject line & file name of your single PDF must be "Last Name, First Name - R25T Postdoc Application."



Please note that after our Cancer Prevention Research Training Program (CP RTP) office has verified that your application has been completed correctly, processing by the MD Anderson Trainee and Alumni Affairs (TAA) Office can take up to four additional weeks before your appointment can begin. To expedite your application, please be sure that your forms and documents are completed correctly and notify our office as soon as you have completed the application.