

Janice Davis Gordon Memorial Fellowship in Colorectal Cancer Prevention

Application Checklist and Coversheet

Date:

Full Legal Name: Preferred Name:

Permanent Address:

City/Town: State/Province: Country: Zip/Postal Code:

Personal Email Address: Alternate Email Address:

Cell Phone: Home or Alternate Phone:

Current or Previous Institution: Current or Previous Department:

Primary Mentor:

Name: Department: Institution:

Co-Mentors:

Name: Department: Institution:

Name: Department: Institution:

Name: Department: Institution:

Are you a U.S. Citizen or Permanent Resident?

This section is to be completed by VISA holders only:

VISA Type: VISA Expiration Date: Home Country:

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

Application Checklist: Please read the "Application Instructions" carefully before completing the checklist.

- Research and Career Statement specific to Colorectal Cancer Prevention.** (not to exceed 2 pages. See instructions for more information.)
- Letters of Support** (One from EACH mentor, signed and on Letterhead sent directly to apply@cancerpreventiontraining.org).
- Mentor's Profile Form**
- Mentor(s)' NIH Biosketch and Other Support** (from each mentor listed).
- Three letters of recommendation, signed, dated, and on letterhead, from external recommenders.** These ORIGINAL letters should also be submitted separately and directly from the recommender to apply@cancerpreventiontraining.org. **Copies can be included with this application.**

Recommender Name #1:	<input type="text"/>	Institution:	<input type="text"/>
Recommender Name #2:	<input type="text"/>	Institution:	<input type="text"/>
Recommender Name #3:	<input type="text"/>	Institution:	<input type="text"/>

- A Letter from your Disseration Chair**, if applicable, stating when you are expected to finish your dissertation, signed and on letterhead.
- Curriculum Vitae (CV)**, if applicable, include title of thesis and/or dissertation.
- GRE Test Scores** (MCAT if applicable; copies are acceptable.) If you have no test scores to submit with this application, indicate the reason:
- 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.
- Credential Evaluation (Copy)** NOTE: This is applicable only if your qualifying degree was obtained from an institution outside of the U.S.
- Copy of your VISA (VISA holders ONLY)**
- CP RTP Fellowship Requirements Memo**
- CP RTP Mentor Requirements Memo (must be signed by Primary Mentor only)**
- Application Checklist & Coversheet (this form)**

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

Please select your gender:

Are you Hispanic or Latino (including Spain)?

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe 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 Education Coordinator and CPRTP Staff will sign this form after our office receives the complete application.

Applicant's Signature

Date:

Education Program Coordinator Signature

Date:

CPRTP 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 a postdoctoral fellowship in Colorectal 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
- Credential Evaluation**, if highest degree is from outside the US. This document will be required by TAA if you are awarded this fellowship. ·**Diploma** - Must include a certified translation if not written in English. Official transcripts may also be used to verify completion of a qualifying degree.

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.
5. The subject line & file name of your single PDF must be "Last Name, First Name - Gordon Postdoc Application".

Please note that after our Cancer Prevention Research Training Program (CPRTP) 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.