

# Johns Hopkins University School of Medicine

## Application for Postdoctoral Research Fellowship Training

### General Instructions for Completion of this Application

\* Each section must be **complete** and **legible** or your application will be deemed incomplete and returned to you. This pertains to any attachment you include with the application.

- < The verification process on your education, training, and experience will not begin until a completed application has been received.
- < Do not refer to an enclosed curriculum vitae in lieu of completing a section. A CV does not usually contain all the information needed (e.g., complete dates, addresses, names, etc).
- < If a section does not apply to you, write in N/A. Do not leave any block blank.

\* **All chronology must be accounted for from the completion of your professional degree, to the present.** Gaps of one month or more will cause the verification process to be delayed until you provide an explanation. Delays can also be caused by incomplete names and addresses - - please provide complete information in all sections.

\* If additional space is needed, attach additional pages (make reference to the question being answered) or, copy the blank application page as often as necessary to provide complete information. Keep these additional pages in sequence with corresponding application pages.

### Policy Statement on Criminal Background Investigations

It is the policy of the Johns Hopkins University School of Medicine to require criminal background investigations on prospective students in any professional or graduate program at the School of Medicine, interns, residents and clinical fellows in any Graduate Medical Education program sponsored by Johns Hopkins, and other clinical and research postdoctoral fellows at the School of Medicine.

This offer is contingent upon a satisfactory report from your criminal background investigation, receipt of appropriate documentation verifying doctoral degree completion from the granting institution and review and approval of your credentials by the Office of Postdoctoral Programs.

Johns Hopkins University  
 School of Medicine  
 Edward D. Miller Research Building  
 733 North Broadway, Suite 147  
 Baltimore, Maryland 21205

**APPLICATION FOR APPOINTMENT AS RESEARCH FELLOW**

Department/Division: \_\_\_\_\_ Begin Date: \_\_\_\_\_

Scientific Interest/Area of Research: \_\_\_\_\_

**Instructions:** Complete all sections (please print or type all responses). If a section does not pertain to you, mark as N/A (not applicable). Do not leave any section blank nor make reference to an attached CV.

1. Name:	Last	First	Middle
2. Other Name Used:	Last	First	Middle
3. United States Social Security Number:			
4. Current / Local Address (include street, city, state, and zip):			
5. Current / Local Telephone Number:			
6. Permanent Address (include street, city, state, and zip):			
7. E-mail Address:			
8. Emergency Contact:			
Name	Relationship	Mailing Address or E-mail address	Telephone Number
_____	_____	_____	_____
9. Citizenship: Are you a citizen of the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete the following:			
Citizenship _____		Visa Type _____	
Entrance Date into U.S. _____		Length of Stay Valid to _____	
Do you have DHS/CIS permission to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. College(s) Attended (undergraduate education):

Name(s) of School : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Month/Years Attended : \_\_\_\_\_ Degree(s) Conferred: \_\_\_\_\_

(Use continuation sheet, if necessary)

11. Professional Education or other doctoral program:

Name(s) of School : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Month/Years Attended : \_\_\_\_\_ Degree(s) Conferred: \_\_\_\_\_

(Use continuation sheet, if necessary)

12. Have you ever been dismissed from a college, university or employment: No \_\_\_\_ Yes \_\_\_\_ . If yes, please provide details: (Use continuation sheet if necessary)

Have any of your research activities been subject to disciplinary actions: No \_\_\_\_ Yes \_\_\_\_ . If yes, provide details (Use continuation sheet if necessary).

Have you ever been convicted of a felony and/or misdemeanor? No \_\_\_\_ Yes \_\_\_\_ If yes, please provide details. (Use continuation sheet if necessary.)

For appointments effective July 1, 2007 and later, a Criminal Background Investigation will be required prior to commencing training. Please see Policy Statement on the Instruction Page of this application.

13. List all employment/professional appointments since completion of doctoral degree, in chronological order:

Name(s) of School : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Dates Attended (Month/Years): \_\_\_\_\_ Service or Subject: \_\_\_\_\_

Name(s) of School : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Dates Attended (Month/Years): \_\_\_\_\_ Service or Subject: \_\_\_\_\_

Name(s) of School : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Dates Attended (Month/Years): \_\_\_\_\_ Service or Subject: \_\_\_\_\_

(Use continuation sheet, if necessary)

14. Please explain any gaps in training, appointments or employment since receipt of professional degree. **Any gap of one month or more must be explained.**

(Use continuation sheet, if necessary)

15. Awards and Honors Received:

16. Publications (attach list in lieu of listing here):

17. Languages Spoken:

18. Professional References: Names and addresses of individuals who have worked extensively with you or have been responsible for professional observation of you. Do not list: relatives by blood or marriage nor persons who cannot attest to your current level of professional competency and technical skills.

Name	Mailing Address	Day-time Telephone
_____	_____	_____
	_____	Email _____
	_____	
	_____	
_____	_____	_____
	_____	Email _____
	_____	
	_____	
_____	_____	_____
	_____	Email _____
	_____	
	_____	

**Continuation Page:** Use this page to document additional information. Please make reference to the number of the question being answered. Copy as necessary.

**Statement of Applicant:**

-- I fully understand that any significant misstatements in, or omissions from, this application may constitute cause for denial of appointment to or summary dismissal from, The Johns Hopkins University.

-- All information submitted by me in this application is true to the best of my knowledge and belief.

-- I authorize the University and its representatives to consult with institutions and their representatives and others, in regard to this application.

-- I release from liability the University, its representatives and agents for their actions or omissions performed in good faith and without malice in evaluating the application as well as those who provide information to the University in good faith and without malice, and I consent to the release of such information, including otherwise privileged or confidential information.

-- I consent to the release of information to other institutions and persons with a legitimate interest and agree to hold the University, its representatives and agents free of liability for their actions performed in good faith as a part of the credentialing process.

-- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, employment, professional appointment, etc. I agree to furnish, upon request, an update on any information provided in this application.

*A copy of this Statement of Applicant may be used as original authorization to verify information in this application.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

The Johns Hopkins Institutions do not discriminate on the basis of race, color, gender, religion, age, national or ethnic origin, sexual orientation, disability, marital or veteran status, or any other occupationally irrelevant criteria.

Name \_\_\_\_\_  
please print

Department to which Applying \_\_\_\_\_

Date Completed \_\_\_\_\_

## Supplemental Biographical Information

The information requested is for statistical purposes only and will not be used during consideration of the application.

1. Date of Birth

2. Place of Birth

3. Gender

Male

Female

4. Ethnicity/Race:

(Self-Identification)

A. Ethnicity:

- Of Hispanic or Latino Origin (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race).
- Not of Hispanic or Latino origin

B. Race: (Please check **ALL** that apply.)

- Black or African American: A person having origins in any of the original groups of Africa.
- Asian: Includes persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent (e.g., Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
- American Indian or Alaskan native: Includes persons having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: Includes persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

5. Marital Status:

6. Name of Spouse:

7. Name(s) of Children and Year(s) of Birth:

Name: \_\_\_\_\_

Department to which Applying: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Johns Hopkins University**  
**School of Medicine**  
**Postdoctoral Fellow – Supplemental Information Form B**

This form must be completed by all research postdoctoral fellows and non-ACGME fellows and submitted with the Application for Postdoctoral Fellowship Research Training.

In an effort to provide services aimed at your career goals, please provide the following information:

1. What type of work will you be primarily involved in during your fellowship? *Choose only one*  
Basic Science Research                      Clinical Research                      Clinical Fellowship  
Other – please describe: \_\_\_\_\_
2. What type of work do you plan to be primarily involved in at the completion of your fellowship? *Choose only one*  
Basic Science Research                      Clinical Research                      Clinical Fellowship                      Clinical Residency  
Teaching                                      Other – please describe: \_\_\_\_\_
3. Will you be interacting with patients during the current fellowship?  
Yes    No
4. After your fellowship, where do you plan to work?                      United States                      Another country, please list \_\_\_\_\_
5. What do you hope to do after your fellowship?

**First Choice – choose only one**

**Second Choice – choose only one**

- |  |  |
|--|--|
| a. Another postdoctoral fellowship                 | a. Another postdoctoral fellowship                 |
| b. Clinical Residency                              | b. Clinical Residency                              |
| c. Clinical Fellowship                             | c. Clinical Fellowship                             |
| d. Stay in academia, mainly research ONLY          | d. Stay in academia, mainly research ONLY          |
| e. Stay in academia, mainly to teach ONLY          | e. Stay in academia, mainly to teach ONLY          |
| f. Industry/Company                                | f. Industry/Company                                |
| g. Policy and advocacy work                        | g. Policy and advocacy work                        |
| h. Research administration                         | h. Research administration                         |
| i. Scientific/technical writing                    | i. Scientific/technical writing                    |
| j. Teaching/education in non-university setting    | j. Teaching/education in non-university setting    |
| k. Work for the government ( <i>e.g.</i> NIH, FDA) | k. Work for the government ( <i>e.g.</i> NIH, FDA) |
| l. I am unsure                                     | l. I am unsure                                     |
| m. Other; please provide an explanation:           | m. Other; please provide an explanation:           |