

Our fellowship training program has a submission deadline for applications of January 15<sup>th</sup> each year; however, we do accept applications year round as there may be training slots available, depending on funding options for current trainees, and other factors. Outstanding candidates who wish to train at the UW may also be eligible for training opportunities in other research fellowship programs outside of our own department. Therefore, we invite all interested applicants to apply.

The University of Washington strongly encourages applications from all groups that have been shown by the National Institutes of Health to be nationally underrepresented in health sciences research training. This includes certain racial and ethnic groups, persons with disabilities, or persons from a disadvantaged economic background. If any of these apply, please include that information below.

### Instructions:

Please type or print legibly in ink. Each part should be answered completely and accurately. If a question is not applicable, enter "N/A." An incomplete application may delay action or disqualify you. Please do not enter "see CV".

This application should be emailed to:  
**lmcornel@uw.edu**

These are the required documents to complete your application:

- Application form
- Current Curriculum Vitae
- A description of research interests and career goals that outlines a proposed course of future research
- Three letters of recommendation, one of which should be a letter of support from the identified research mentor

Applications will also be accepted by mail at:

Leanne Cornel  
UW Medical Center  
1959 NE Pacific Street  
Department of Anesthesiology & Pain Medicine  
Box 356540  
Seattle, WA 98195-6540

Scanned electronic applications via email are the preferred submission mode, but mailed material will be accepted.

### Personal Information

Family Name (surname)		First Name		Middle Initial	Degree(s)
Mailing Address					
Home Phone	Work Phone	Cell Phone	Other Phone	Email Address	
Are you a U.S. citizen?  YES <input type="checkbox"/> NO <input type="checkbox"/>	Date & Place of Birth	Are you a Permanent U.S. Resident?	If not a U.S. citizen, type of Visa	Visa number	

### Availability

What are the optimal times for you to begin a research fellowship?

If there is flexibility in these times, please indicate.

The University of Washington provides equal opportunity in education on the basis of race, color, national origin and sex in accordance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments and Sections 799A and 855 of the Public Health Service Act.

## References

Please submit three letters of recommendation, including a letter of support from your identified research mentor for the T32 training.

Name	Title	Institution, City, State

## Undergraduate Education

School & Location	Major Area of Study	Degree	Date Awarded (Month/ Day/Year)

## Medical or Doctoral Education

School & Location	Major Area of Study	Degree	Date Awarded (Month/ Day/Year)

## Internship, Residency And Fellowship

Medical Center & Location	Specialty	Started (Month/ Day/Year)	Completed (Month/ Day/Year)

## Other Training

--

## Research Interests And Career Plans

In a **separate document** please provide a **1-2 page description** of your research interests and career plans. Include funding if applicable.