 APPLICATION FOR T32 RESEARCH FELLOWSHIP

## Our fellowship training program has a submission deadline in January/February 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".

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

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

This application should be emailed to:

 **lmcornel@uw.edu**

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

# P e r so nal I nf o r m a t i o n

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| --- | --- | --- | --- |
| 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 NO | Date & Place of Birth | Are you a PermanentU.S. Resident? | If not a U.S. citizen, type of Visa | Visa number |

**A v ai l a bi l i ty**

## 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.

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**R e f e r e n c e s**

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

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# Undergraduate E du c ati o n

School & Location Major Area of Study Degree

Date Awarded (Month/ Day/Year)

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# M e d i c a l or Doctoral E d u c a t i o n

School & Location Major Area of Study Degree

Date Awarded (Month/ Day/Year)

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# I n t er n sh i p , R e s i d e n c y A nd F e l l o w sh i p

Medical Center & Location Specialty

Started

(Month/ Day/Year)

Completed (Month/ Day/Year)

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# O t h er T r ai ni ng

**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.

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