

**Predoctoral / Postdoctoral Applicant Information**

**\*\*\*IMPORTANT, PLEASE READ:** - It is highly recommended that YOU or your PRIMARY MENTOR reach out to the designated TPEHS Steering Committee member at your institution to discuss your background and project prior to completing this application. List of institutional representatives is located at the bottom of this form.

First Name:  Middle Initial:  Last Name:

Birthplace:  Citizenship:

Birthdate:  Gender:  Phone Number:

Requested Trainee Level of Support:  Institutional email:

Personal email:

Current Address:  Current Institution:

Department or Graduate Program:

Date Started Current Graduate Program or Postdoc:  Graduate GPA:

**Primary Mentor**

*You MUST select a mentor from this list.*

Name	Department	Institution	Email
<input type="text"/>			

**Secondary / Co-Mentor(s)**

Name	Department	Institution	Email
<input type="text"/>			
<input type="text"/>			

**Testing Information**

MCAT (if applicable):

GRE General:

Verbal Raw:

Quantitative Raw:

Analytical Raw:

Verbal Percentile:

Quantitative Percentile:

Analytical Percentile:

**Education**

List all prior institutions where you have earned a degree, beginning with the most recent (prior to your current program).

Institution #1:  Degree:  Degree Date:

Field of Study:  GPA:

Institution #2:  Degree:  Degree Date:

Field of Study:  GPA:

Institution #3:  Degree:  Degree Date:

Field of Study:  GPA:

**Predoctoral students:** Anticipated PhD Subject Area:

Anticipated Degree Month/Year:

**Research Information**

List all prior research experience and provide the requested information in the appropriate sections below.

<b>Role/Level</b>	<b>PI / Mentor Name</b>	<b>Institution</b>	<b>Dates of research</b>	<b>Total no. of months</b>
Undergraduate				
Undergraduate				
Graduate				
Graduate				
Postdoctorate				
Postdoctorate				

**Research Ethics** Have you taken a biomedical ethics course in the Responsible Conduct of Research (RCR)?

No. If no, what course do you plan to take and when?

Yes. If yes, please provide name of course, where taken, and when it was completed.



**TPEHS Project Information**

Project Title:

**For this section, please attach a document to your application package with the following components and email as a single PDF to [herrera@rice.edu](mailto:herrera@rice.edu):**

- 1. Project Description (max 750 words):** Explain the biological problem you are addressing, and the environmental approaches you are using to solve it.
- 2. Layperson's Project Description (max 250 words):** Note, a layperson's description is a simple description that would be understandable by someone with only a basic science background. It is for general purposes only and should describe relevance to human health.
- 3. Mentoring Plan (max 500 words):** Provide a brief description of the plan you and your mentors have jointly developed to achieve your stated career goals. Include any anticipated didactic course work, anticipated research training, enrichment activities and personal development (e.g. writing and speaking skills), professional meetings to be attended, etc. The plan should include an estimated timeline for completion of the graduate training program and specific milestones to be achieved. Include the use of an Individual Development Plan (IDP). Again, this plan should be jointly developed by you and your mentors (mentors will confirm this in their Recommendation Letters).
- 4. Grant Support:** List any current or previous grant support (federal or otherwise) supporting your project/stipend, including any previous or current training grant or training fellowship support. Include the project title, grant sponsor, total award amount, and dates of support.
- 5. Publications:** Provide a list all your peer-reviewed publications, abstracts, patents, patent applications. PMCID numbers must be included, where applicable. The preferred format for manuscript publications is as follows:  
*Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. N Engl J Med. 2002 Jul 25;347(4):284-7.*

Provide up to six key words describing your research:

**Additional Applicant Information (OPTIONAL):**

Responses to the following items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background. **Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect the outcome of their application.**

What is your Racial Background?

Are you Hispanic (or Latino)? *Note - 'Hispanic or Latino' refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."*

Do you have a disability? *Note - A 'disability' is a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990.*

If so, you may add additional information here, however this field remains entirely OPTIONAL.

**Applicant's Signature**

**Checking this box is considered the equivalent to your signature.**

I certify that all of the information submitted in this application is complete and correct to the best of my knowledge, and I waive the right to see recommendation letters submitted on my behalf.

**TPEHS Fellowship Application Submission CHECKLIST**

**Please make sure you have completed all of the following components of this Application for full consideration into the TPEHS fellowship program.** You may send all application material to the attention of Vanessa Herrera ([herrera@rice.edu](mailto:herrera@rice.edu)).

Have you...

- Completed the TPEHS fellowship application form (*this PDF*)?
- Completed the Project Information document? Is it attached?
- Requested your Mentor and Co-Mentor Recommendation Letters?  
*(These letters should be sent directly from the mentors to [herrera@rice.edu](mailto:herrera@rice.edu).)*
- Requested Two additional Letters of Recommendation and included the corresponding contact information below?  
*(These letters can be from anyone else other than your mentors and should be sent from the recommender to [herrera@rice.edu](mailto:herrera@rice.edu))*
- Sent Transcripts to [herrera@rice.edu](mailto:herrera@rice.edu) ?
- Sent a current resume (CV) to [herrera@rice.edu](mailto:herrera@rice.edu) ?
- Sent proof of citizenship (e.g. copy of passport/resident card/birth certificate) to [herrera@rice.edu](mailto:herrera@rice.edu) ?

**TPEHS Steering Committee members - Institutional Representatives**

Baylor College of Medicine --- [Dr. Richard Finnell](#) or [Dr. Rui Chen](#)  
 The University of Texas Health Science Center --- [Dr. Craig Hanis](#)

**Recommender Contact Information:**

Name	Department	Institution	Email

**Application Completion and Submission Instructions**

**Please download a copy of this form to your desktop first.** You may encounter issues if opening the form directly from your browser (some browsers do NOT support form fields). **Once you have completed the form, you must save a copy by selecting the "PRINT" option and choosing "SAVE AS PDF"** then send it as an attachment to Vanessa Herrera ([herrera@rice.edu](mailto:herrera@rice.edu)). Once submitted, you will not be able to make changes.