Dental Public Health Research Fellowship (DPHRF) Program

Application Form for the 2022-2025 Program Year

National Institute of Dental and Craniofacial Research

National Institutes of Health

U.S. Department of Health and Human Services

Bethesda, MD 20892-2290

I. General Information

Applicant's Name

Last/Family Middle First/Given

Current Address

Telephone Country Code Area/Regional Code Local Number

Fax Country Code Area/Regional Code Local Number

E-mail Address

US Citizenship: ☐ Yes ☐ No* Permanent Resident/ Alien Status ☐ Yes ☐ No

*If "no," please indicate your current visa status:

If you have ever received a J-1 Visa, how many years were you in the US on that visa:

What is your country of citizenship:

II. Educational Background

Institution(s) (Name and City/State or Country)	**Degree(s) Received**	**Dates of Attendance** (mm/yyyy -- mm/yyyy)	**Date Degree(s) Received** (mm/yyyy)
▶ **Undergraduate Institution**			
▶ **Professional (Dental) School**			
▶ **Master of Public Health (or equivalent)**			
▶ **Other Graduate**			
▶ **Other Fellowship or Residency Training**			

III. Statement of Interest

In 500 words or less describe in this space why you are interested in Dental Public Health and Research, what you hope to learn, and what you hope to do with the knowledge gained. Specify your knowledge, skills, and aptitudes (KSA) that you believe make you a good candidate for this Fellowship. Describe public health topic areas that interest you and your research interests.

IV. Curriculum Vitae

Please include a CV as a separate part of this application that includes the following information:

1. Chronologically list all college-level education, degrees/certificates earned, institutions, and dates in attendance;
2. List all professional licenses and/or registrations including initial date granted and current expiration;
3. Chronologically list all relevant work experience, employment title, employment duties and responsibilities, and employer, and dates employed;
4. List membership, offices or appointments held in local, state or national dental or allied dental organizations and dates of participation;
5. List major awards and honors earned including datesof recognition;
6. Describe major accomplishments in the areas of public health, dentistry, and/or research;
7. List publications.

V. References

Please provide names, addresses, telephone numbers, and e-mail addresses of three people who are familiar with your experience and abilities and will write a letter of recommendation on your behalf. If you are currently employed or enrolled in an educational program, one of your references must be your current supervisoror primary mentor.

Please ask each of your references to promptly send a letter of recommendation for you to the email address provided at the end of this application.

Recommender 1:

Recommender 2:

Recommender 3:

VI. Additional Documents

- Please include official transcripts of dental and public health education with your application. Official transcripts may be emailed directly to us from the Institution's Registrar's Office. If an electronic copy cannot be directly sent, a paper copy with an appropriate seal or notary imprint must be mailed to the address provided at the end of this application. If your institution does not provide official transcripts, please include a statement to that effect from your institution and then attach notarized copies of your transcript with the statement, "I certify that these are faithful copies of the originaltranscripts."

- Transcripts must state degree type and date degree was awarded.

- We require that all foreign transcripts must be sent to one of the credentialing agencies in the United States for evaluation; ask for course-by-course evaluation. Also, ask the credentialing agency to email their report directly to our office. If an electronic copy cannot be emailed, a paper copy must be mailed to the address provided at the end of this application.

VII. Signature

- Please do not forget to sign the form. Certified visible signature is a must for an application submitted electronically.

Signature

Date

Thank you for your interest in the Dental Public Health Research Fellowship (DPHRF) at the National Institute of Dental and Craniofacial Research.

Please email this application form, CV, and letters of recommendation to Ms. Huang by the deadline (**November 17, 2021**).

E-mail: Yu-Ling.Huang@nih.gov

If an electronic copy of your official transcript cannot be e-mailed by the institution, a paper copy with an appropriate seal or notary imprint must be mailed to the address below:

Yu-Ling Huang
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Building 31, Room 5B55
Bethesda, MD 20892-2190
Tel: 301.451.3392
Fax: 301.496.9988