

**Dental Public Health &  
Research Fellowship  
Program (DPHRFP)**

Application Form for the  
2024-2027 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**

► **Permanent Address (if different)**

► **Telephone**

Country Code

Area/Regional Code

Local Number

► **Fax**

Country Code

Area/Regional Code

Local Number

► **E-Mail**

► **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:

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**II. Educational Background**

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

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**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 topics in public health that interest you and areas of interest for research pursuits.

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**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 dates of recognition;
  6. Describe major accomplishments in area of public health, dentistry, and/or research;
  7. List publications.

**V. References**

- ▶ Please provide names, addresses, telephone numbers, and e-mail addresses (if possible) 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 supervisor or primary mentor.
- ▶ Please ask each of your references to promptly send a letter of recommendation for you to the address provided at the end of this application.

**Recommender 1:**

**Recommender 2:**

**Recommender 3:**

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**VI. Additional Documents**

- ▶ Please include official transcripts of dental and public health education with your 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 original transcripts." Official transcripts may be emailed directly to us from the Institution's Registrar's Office.
- ▶ 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 send their report directly to our office. We will not accept credentialing reports from applicant.

**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 send all application materials electronically by the deadline **(December 15, 2023)**.

Email: **NIDCR\_DPHRFP@nidcr.nih.gov**

Application Coordinator: Yu-Ling Huang

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Bethesda, MD 20892-2190