

**Dental Public Health
Research Fellowship
Program (DPHRFP)**
Application Form for the
2026-2027 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

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			
▶ Professional (Dental) School			
▶ Master of Public Health (or equivalent)			
▶ Other Graduate			
▶ Other Fellowship or Residency Training			

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III. Statement of Interest

In 500 words or less, applicants should describe their interest in dental public health and research, along with their short-term and long-term research and public health career goals. They should outline their research background and key scientific interests and explain the types of research questions or projects they hope to pursue during the fellowship. Because the program involves collaboration within NIH intramural research settings, applicants are encouraged to describe how they see their interests aligning with potential NIH research areas (for example, 'I hope to work with NCI on topics such as X or Y') and how they envision contributing to a collaborative research environment.

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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 collect the letters and include them with your application. Letters older than one year will not be accepted.**

Recommender 1:

Recommender 2:

Recommender 3:

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VI. Additional Documents

- Please submit the documents as outlined on the program's "How to Apply" webpage.
- At this stage, unofficial transcripts are required.
- Official transcripts will only be requested if you are accepted into the program.

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 31, 2025).**

Email: **NIDCR_DPHRFP@nidcr.nih.gov**

Please use this same email address for any questions or additional inquiries about the program or application process.