NATIONAL HUMAN GENOME RESEARCH INSTITUTE
Health Disparities Visiting Faculty Program Application

CHECKLIST FOR APPLICATIONS

In order for your application to be reviewed, The National Human Genome Research Institute must receive your complete application by **February 16, 2004**.

Please include the following in your application package:

_____ Application Background Information (1 page)
_____ Narrative Letter (1-2 pages)
_____ Letter of reference from Department Chair or equivalent individual
_____ Letter of reference from Faculty mentor at NHGRI/DIR
_____ Professional letter of reference 1
_____ Professional letter of reference 2
_____ Professional letter of reference 3
_____ CV
_____ Reprints of 3 publications
_____ Signed checklist

Signature of Applicant _____ Date_____
(Can be typed)

Your signature indicates that the information provided in your application is true and accurate. The signed checklist must be included in order for your application to be processed.

Applications must be sent to:
Kate Berg, PhD
National Human Genome Research Institute
Building 10, Room 10C103
10 Center Drive
Bethesda, MD 20892-1852
Phone: (301) 594-2481
Fax: (301) 435-2440
kberg@nhgri.nih.gov
http://www.genome.gov/10000829

I. BACKGROUND INFORMATION			
NAME OF APPLICANT			
	Last	First	Middle
POSITION			
INSTITUTION			
ADDRESS			
	Street Address		
	City	State	Zip
	Phone	Fax	Email
EDUCATION (Most Recent First)			
	Name and Location of Institution	Degree and Field(s) of Study	Years Attended
	Name and Location of Institution	Degree and Field(s)s of Study	Years Attended
	Name and Location of Institution	Degree and Field(s) of Study	Years Attended
	Name and Location of Institution	Degree and Field(s) of Study	Years Attended
REFERENCES References will be asked to submit a letter. Letters should be sent electronically to kberg@nhgri.nih.gov	Department Chair or equivalent individual		
	Name	Position Title	Phone
	Faculty mentor at NHGRI/DIR		
	Name	Position Title	Phone
	Three Professional References		
	Name	Position Title	Phone
	Name	Position Title	Phone
	Name	Position Title	Phone
AFFILIATION	Check the block(s) which describes your affiliation(s): ☐ Employed by predominately minority serving institution ☐ Affiliated with a grantee of NCMHD's Project EXPORT ☐ Affiliated with a grantee of NCMHD's RIMI Program		

II. NARRATIVE LETTER

Please submit a narrative letter outlining potential projects that you plan to conduct at NHGRI, goals for the research, and how you plan to share your skills and experience upon return to your home institution. You will be evaluated on the clarity of the letter, scientific significance, feasibility, and its relevance to health disparities research. The letter should be 2-3 pages in length.

III. REPRINTS OF PUBLICATIONS AND CV

Please send reprints of 3 publications that represent your research and your CV to Kate Berg, kberg@nhgri.nih.gov