

**APPLICATION FOR
NATIONAL RESEARCH SERVICE AWARD
FELLOWSHIP PROGRAM**

University of Washington
Department of Psychiatry & Behavioral Sciences
Box 356560
Seattle, WA 98195-6560
(206) 543-7177

Name: _____ Social Security No.: _____

Telephone (Home): _____ Business: _____

Address: _____
(number & street) (city) (state) (zip code)

Mailing address, if different: _____

Educational experience (attach additional sheets if needed):

<u>College or School</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional employment experience: (Please complete this section even though CV is attached)

<u>Position or Title</u> (list most current 1 st)	<u>Employer & Location</u>	<u>Dates</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional licensure and certification (give dates): _____

Do you envision any problems in obtaining a Washington State License? _____

REFERENCES: List the names of three persons whom you have asked to send letters of recommendation. (If you are a recent graduate, we suggest your residency program director or department chairperson to be one of these.)

1. _____

2. _____

3. _____

Please request your medical school to send a copy of the Dean's letter, a summary prepared upon graduation, or a transcript.

ADDITIONAL INFORMATION - Please provide the following on additional sheets:

1. A current curriculum vitae
2. Briefly describe your past teaching responsibilities.
3. Describe any research activities you have undertaken. Were there publications or presentations resulting from the activities?
4. What are your future career plans?
5. What do you hope to gain from this fellowship program?

Optional Information:

The University of Washington has an approved affirmative action program. This information is desired in the performance of that program.

Gender: _____ Ethnic Origin: _____ U.S. Citizen? _____

Date: _____ Signature: _____