



NATIONAL BIOSAFETY &  
BIOCONTAINMENT TRAINING PROGRAM  
Application For Fellowship Beginning January 11, 2010

(Please Print)

**Identification**

Date: \_\_\_\_\_

Last Name	
First Name	
Middle Name	
Gender (optional)	Male <input type="checkbox"/> <input type="checkbox"/> Female
Current Address Line 1	
Current Address Line 2	
City	
State/Country	
Zip Code/Postal Code	
Current Telephone (indicate home, work, cellular)	
Alternate Telephone(s) (indicate home, work, cellular)	
Email	
Permanent Address Line 1	
Permanent Address Line 2	
City	
State/ Country	
Zip Code/Postal Code	

(Please Print)

## Background Information

<b>Date of Birth (mm/dd/yyyy)</b> (Optional)	
<b>Place of Birth</b> (City/State or Providence/Country)	
<b>U.S. Citizenship Status</b>	U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> U.S. National <input type="checkbox"/>  <b>NBBTP Fellowships are available only to U.S. citizens, permanent residents, or Nationals of the United States who meet all federal regulations and policies necessary for working with select agents. Proof of citizenship will be required prior to acceptance into the Fellowship Program.</b>

## Education & Employment History

**Academic Background** List the universities and colleges that you have attended beginning with the most recent. Please explain gaps of six or more months in your academic history. Note: A bachelor's degree is required prior to the NBBTP Fellowship start date.

University/College Name	City/State/Country	Dates Attended (mm/yyyy to mm/yyyy)	Degree(s) Earned	Major/Department Minor/Department

(Please Print)

**Publications** List Abstracts, Articles, or Presentations made at Scientific or Professional Meetings and attach copies.

Title of Abstract, Article, Paper, or Presentation	Where Submitted or Presented	Date of Publication or Presentation

**Fellowships, Scholarships, and Awards**

Title of Fellowship, Scholarship Or Award	Name of Institution or Organization Making the Award	Nature of the Award

**Memberships in Scientific or Professional Societies**

Organization	Service or Leadership Positions Held (if any)	Membership Number	Dates of Membership (mm/yyyy)

(Please Print)

**Academic Honors** Attach a separate sheet if necessary

Name of Award or Honor	Name of Institution or Organization Making the Award	Date Received (mm/yyyy)

**Research Projects** List any research projects in which you have participated during your undergraduate and/or graduate education beginning with the most recent.

Research Project Title	Location of Research	Name & Title of Principal Investigator or Supervisor	Brief Project Description	May we contact this Principal Investigator or Supervisor?
				<input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____
				<input type="checkbox"/> Yes <input type="checkbox"/> No Phone: _____

(Please Print)

**Work Experience and Career Goals** List employers beginning with the most recent and explain gaps of six or more months or more in your employment history. Attach a separate sheet if necessary.

Employer	
Address City/State/Zip Code/ Country	
Position/Title	
Dates of Employment	From:    mm    /    yyyy            To:    mm    /    yyyy
Primary duties and responsibilities	
Supervisor's Name	
May we contact this Supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/> Phone Number _____                    Email _____
Employer	
Address City/State/Zip Code/ Country	
Position/Title	
Dates of Employment	From:    mm    /    yyyy            To:    mm    /    yyyy
Primary duties and responsibilities	
Supervisor's Name	
May we contact this Supervisor?	Yes <input type="checkbox"/> No <input type="checkbox"/> Phone Number _____                    Email _____
Employer	
Address City/State/Zip Code/ Country	
Position/Title	

Dates of Employment	From: _____ / _____ mm      yyyy                      To: _____ / _____ mm      yyyy
Primary duties and responsibilities	
Supervisor's Name	
May we contact this Supervisor?	Yes <input type="checkbox"/> _____      No <input type="checkbox"/> _____ Phone Number _____      Email: _____

**Career Goals** Please share your long-term career goals

(Please Print)

## References

Candidates must submit a minimum of three references: one academic, one personal, one professional. Please list the names of the individuals who will complete NBBTP Candidate reference forms and submit letters of reference on your behalf. The maximum number of references permitted is five. Professional and academic letters of reference must be on official letterhead.

Name	Position/Title/ Institution	Complete Mailing Address	Telephone	Email	Type of Reference
					<input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name	Position/Title/ Institution	Complete Mailing Address	Telephone	Email	Type of Reference
					<input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name	Position/Title/ Institution	Complete Mailing Address	Telephone	Email	Type of Reference
					<input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name	Position/Title/ Institution	Complete Mailing Address	Telephone	Email	Type of Reference
					<input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name	Position/Title/ Institution	Complete Mailing Address	Telephone	Email	Type of Reference
					<input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal
Name	Position/Title/ Institution	Complete Mailing Address	Telephone	Email	Type of Reference
					<input type="checkbox"/> Academic <input type="checkbox"/> Professional <input type="checkbox"/> Personal

## Required Essay and Supplemental Material

### **Essay:**

- 1) On a separate page, please discuss how the NBBTP Fellowship fits into your personal and professional career goals? (max. length 750 words)

### **Supplemental Material:**

Please clearly label and then note any supplemental materials you are sending in support of this application (e.g. employee performance evaluations, award citations, research papers, and/or research abstracts).

- *The information provided herein is true and accurate to the best of my knowledge. I acknowledge any attempts to present false information will immediately disqualify my application and prohibit me from reapplying at any time.*
- *I understand that the NBBTP Fellowship is a full time, two-year extensive training program based at the National Institutes of Health campus in Bethesda, Maryland and as such may necessitate my relocation to the Bethesda area.*
- *I acknowledge that the NBBTP Fellowship process is very competitive and the number of positions available each year is limited. (Non-selection should not be viewed as inability to successfully perform in this program. Qualified applicants are invited to reapply for subsequent cycles of the program).*

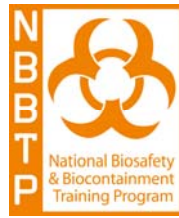
Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Please return completed application to:**

NBBTP Admissions  
Frontline Healthcare Workers Safety Foundation, Ltd.  
Three Dunwoody Park, Suite 103  
Atlanta, GA 30338

Applications must be postmarked by **MAY 1, 2009.**  
Incomplete application packages will be reviewed as submitted.  
**Materials, including references, that arrive after May 10, 2009  
will not be considered on your behalf.**



Please organize your application material in the following format:

1. Application
2. Essay
3. References (if the references are not being mailed separately)
4. Additional Material – material should be paper-clipped together and labeled with your last name on each piece turned in. If turning in more than one, please submit a cover page listing the additional material being submitted.
5. Transcripts