

UMGCC Paul Calabresi Clinical Oncology Training Program Application

Section I. Personal Information

Name: (full first, middle and last)

Current Home Address:

Street: _____

City: _____

State: _____ Zip: _____ Country (if other than U.S.A.): _____

Home or Cell Phone # (indicate which): () -

Work Phone #: () -

Email: _____

Permanent Address:

Same as current: Y / N

If Y, leave blank

Street: _____

City: _____

State: _____ Zip: _____ Country (if other than U.S.A.): _____

Citizenship

_____ U.S. Citizen

_____ Noncitizen National

_____ Permanent Resident of
the U.S.

Racial Background

_____ African American

_____ Alaska Native or Native
American

_____ Asian

_____ Hispanic/Latino

_____ Native Hawaiian/Other
Pacific Islander

_____ European American

_____ Other

Section II: Work Experience, Education & Training

In addition to the information requested below, please provide a copy of your *curriculum vitae* and NIH biosketch.

Current Administrative Appointment:

Institution: _____

School: _____

Department/Division: _____

Current Academic Appointment:

_____ Clinical / Research Fellow

_____ Ph.D. / Postdoctoral Fellow

_____ Instructor

_____ Assistant Professor

_____ No current academic appointment

Education

List all post-secondary education in chronological order. Use additional pages as needed. Please submit a sealed official transcript from the institution granting the doctoral level degree.

Institution Name & Location: _____

Dates Attended: From _____ to _____

Degree(s) Awarded: _____

Major/Minor Fields of Study: _____

Institution Name & Location: _____

Dates Attended: From _____ to _____

Degree(s) Awarded: _____

Major/Minor Fields of Study: _____

Institution Name & Location: _____

Dates Attended: From _____ to _____

Degree(s) Awarded: _____

Major/Minor Fields of Study: _____

Other Training or Work Experience:

In chronological order, account for all time from awarding of your undergraduate degree to present; give nature of experience (practice, research teaching, etc.) and location. Include military service, if applicable. Use additional pages if necessary.

Dates (month and year): From _____ to _____

Institution/Employer: _____

Description:

Dates (month and year): From _____ to _____

Institution/Employer: _____

Description:

Dates (month and year): From _____ to _____

Institution/Employer: _____

Description:

Section III. Research Interests

Personal Statement:

In no more than three (3) pages, please address all of the following:

1. Please explain how your past experience has prepared you for a clinical oncology research career. Please reference publications that may have arisen from this experience.
2. Please explain what experience you hope to gain from participation in the UMGCC Paul Calabresi Clinical Oncology Training Program and how participation will advance your career goals. During their award period, Scholars are expected to design and complete a clinical research project. Please feel free to describe preliminary ideas for your project as part of this section.
3. The UMGCC Paul Calabresi Clinical Oncology Training Program focuses primarily on recruitment of Scholars with research interests in three thematic areas: Multimodality Treatment Strategies for Cancer; Drug Discovery and Development; Underserved Populations & Cancer Treatment Disparities (which may include biological features related to treatment disparities). Please indicate which of these thematic areas is of most interest to you and explain how it relates to your personal research interests. If your research interests fall outside all three thematic areas, please describe how you believe your research interests align with the goals of the UMGCC Paul Calabresi Clinical Oncology Training Program.

Department Affiliation:

The UMGCC Paul Calabresi Clinical Oncology Training Program provides support for 75% of a Calabresi Scholar's time to pursue coursework and to develop a clinical research project. The remaining 25% of time is spent on activities coordinated with the University of Maryland, Baltimore (UMB) department with which the Calabresi Scholar has a faculty appointment. Based on your area(s) of interest, please indicate below with what type of academic program or department you would envision an affiliation. (Please see <http://www.umaryland.edu/> for the UMB schools and their departments.) If you have already contacted any particular department, please provide details below.

Mentors:

During their award period, Scholars will be aligned with a clinical mentor, a basic science mentor, and a biostatistical mentor. If there are particular UMGCC faculty with whom you are interested in working, please list them below and indicate why. A listing of UMGCC faculty is available at <http://data.umms.org/scripts/research/search/search.cfm>. We cannot guarantee that any particular UMGCC faculty member will be available or eligible to serve as a mentor.

Letters of Recommendation:

Three letters are required. Letters should be included in your application package in individually sealed envelopes with signatures across the seal. Please list below the individuals (including institutional affiliation) whose letters are included. Letters should be addressed to:

Edward A. Sausville, M.D., Ph.D., F.A.C.P.
Associate Director for Clinical Research
University of Maryland Greenebaum Cancer Center
Professor of Medicine
University of Maryland School of Medicine
22 South Greene Street
Baltimore, Maryland USA 21201

Applicant Signature:

I certify that all the information I have provided is complete and accurate.

Signature

Date