UAB Health Services Research Training Program (sponsored by AHRQ): Fellowship Application

To what fellowship program are you applying?

- [ ] AHRQ T32 Predoc (1 year with potential 2 additional years) (1)
- [ ] AHRQ T32 Postdoc (1 year with potential for an additional year) (2)

Name: Last, First

________________________________________________________________

Please list all degrees completed (separate each degree with a comma)
Example: BS, BA, MS, MPH, etc.

________________________________________________________________

Current University

________________________________________________________________

Current School

________________________________________________________________

Current Department

________________________________________________________________

Current Phone

________________________________________________________________

Current Email

________________________________________________________________
Gender (Your Gender Identity)

- Female (1)
- Male (2)
- Gender non-binary (3)
- Not listed (4) __________________________________________________

Ethnicity

- Hispanic or Latino (1)
- Not Hispanic or Latino (2)
- Unknown or Not Reported (3)

Race

- American Indian/ Alaska Native (1)
- Asian (2)
- Native Hawaiian or Other Pacific Islander (3)
- Black or African American (4)
- White (5)
- More than one race (6) ________________________________________________
- Other (7) ___________________________________________________________
- Unknown or Not Reported (8) __________________________________________
We are interested in recruiting candidates who are members of the following populations, which are nationally underrepresented in the U.S. biomedical, clinical, behavioral and social sciences research enterprise (see NOT-OD-18-129 for more information):

- Black/African American, Hispanic/Latino, Native American (American Indian or Alaska Native, Native Hawaiian, and Pacific Islander) persons
- Individuals with disabilities
- Individuals from disadvantaged backgrounds

Please select all that apply to you:

☐ Individuals with disabilities (1)
☐ Individuals from disadvantaged backgrounds (2)
☐ Not applicable (3)

Please indicate your citizenship/residency status.
(see US State Dept for more information)

☐ United States citizen (1)
☐ United States permanent resident (2)
☐ United States noncitizen national (3)
What is the title of your proposed fellowship project?
________________________________________________________________

How does your research project/focus area align with the AHRQ mission? Select all that apply.

☐ Seeks to make healthcare safer  (1)
☐ Seeks to make healthcare higher quality  (2)
☐ Seeks to make healthcare more accessible  (3)
☐ Seeks to make healthcare more equitable  (4)
☐ Seeks to make healthcare more affordable  (5)
☐ Not Applicable  (7)

Which AHRQ priority populations does your research project/focus area address? Select all that apply.

☐ Racial and ethnic minority groups  (1)
☐ Low-income groups  (2)
☐ Women  (3)
☐ Children  (4)
☐ Individuals with special needs  (5)
☐ Rural areas, including frontier areas  (6)
☐ Inner-city areas  (7)
☐ Not applicable  (8)
Mentors
Please provide full names and degrees for all faculty on your mentorship team. Please number your mentors, if there is more than one.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please provide your primary mentor's email address

________________________________________________________________

Please list your primary mentor's eRA Commons ID
This can be found in their biosketch

________________________________________________________________

Is your current position funded in any way (scholarship, fellowship, grant funding, etc.)?

☐ Yes (1)
☐ No (2)

How many months of full-time research experience have you completed?

________________________________________________________________

How many peer-reviewed publications have you co-authored?

________________________________________________________________
On how many peer-reviewed publications have you been first author?

What institution did you attend for your most recent degree? For example, if you received your MS at UAB prior to enrolling in your current PhD program at UAB, your answer would be "UAB." If you earned your MD from Cornell prior to coming to UAB for residency, your answer would be "Cornell."

POSTDOCS ONLY: List your experience since obtaining your doctoral degree, starting with the month and year the degree was obtained?
For example:
June 2020 - MD obtained
July 2020 through June 2023 - Residency
July 2023 to present - Fellowship

Please upload a single PDF containing the following sections (in the order listed below):

1. Statement of Interest
2. Curriculum Vitae
3. Two letters of recommendation

See application guidelines on the COERE website for details to include in each section.

Thank you for applying to the UAB Health Services Research (HSR) Training Program sponsored by the Agency for Health Care Research and Quality. Your application has been received. Please contact Geri Davis at geridavis@uabmc.edu if you have any questions.