

Application for Professional Fellow Educational Appointment Trainee and Alumni Affairs

Making Cancer History™

I. General Instructions

Submit a complete set of application materials as listed below to each program director, as appropriate.

Required Documents
Application Form
<p>Proof of highest degree - please provide a copy of your diploma or provide a letter from the school's Registrar's Office or Office of Student Affairs' confirming receipt of degree.</p> <p>Please note: For those education credentials obtained outside the United States and used to meet minimum education requirement for the appointment of consideration, an evaluation conducted by an accredited foreign education evaluation agency must be provided prior to extension of an appointment offer. Any expense to obtain this will be the responsibility of the candidate. A listing of accredited foreign education agencies is available on our Website (Education Credentials Obtained Outside U. S.).</p>
<p>Three Letters of Recommendation – Letters must be dated no more than one year prior to the application date and must be sent directly from supervisors and associates who are in a position to evaluate a candidate's ability and performance to the program director. Applicants may not personally forward the recommendation letters.</p>
<p>Required Immunizations Form – Must be completed by a physician.</p>
<p>Translations – Documents in a language other than English must be accompanied by a certified translation.</p>

II. Additional Instructions for International Visitors

- A. Clarification of visa status must be obtained prior to effecting the appointment. Candidates for appointment holding temporary visas are bound by the restrictions placed on the institution by the U.S. Immigration and Naturalization Service and the State Department.
- B. *Biodata Information Request for Form DS-2019, Certificate of Eligibility for Exchange Visitor Status, (J-1 Visa), Sponsored by The University of Texas* must be completed by the applicant in order for The University of Texas M. D. Anderson Cancer Center to provide assistance in securing an appropriate visa.

III. Policies Regarding Approval

- A. Approval of recommendations, submitted by the training program director, is at the discretion of the Senior Vice President for Academic Affairs. Questions concerning the status of a completed application should be directed to the training program director of the program(s) to which the application is made.
- B. The University of Texas M. D. Anderson Cancer Center conducts a personal background check.
- C. In compliance with H.B. 558 passed during the 76th legislative session, The University of Texas System requires male citizens/nationals who are from 18 up to 26 years of age to provide proof of registration with the Selective Service System or exemption from registration, prior to employment. If you have not registered you may do so on line at: <https://www.sss.gov/RegVer/wfRegistration.aspx>.
- D. The following notice is provided in compliance with H.B. 1922. With few exceptions, you are entitled on your request to be informed about the information The University of Texas M. D. Anderson Cancer Center collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have The University of Texas M. D. Anderson Cancer Center correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that The University of Texas M. D. Anderson Cancer Center collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.
- E. The University of Texas M. D. Anderson Cancer Center is an Equal Employment Opportunity Employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability or veteran status in any of its policies, practices or procedures, except where such distinction is required by law.
- F. Additional documentation and/or a personal interview may be required by department.

Application for Professional Fellow Educational Appointment

Please type or print information in black ink.

Application for Professional Fellow Educational Appointment

VI. Employment and Training Experience

List employment and training experience in chronological order, beginning with the current or most recent institution. Include State of Texas employment. Do not abbreviate names.

Dates From/To (mo/day/yr)	Type of Experience (Identify <i>Type</i> : Teaching Intern, Residency, Military, Practice, etc.)	Institution	City/State/Country

VII. Academic Awards, Honors, and Fellowships

Date	Award	Institution

Application for Professional Fellow Educational Appointment

VIII. Statement of Intent

State your reasons for desiring postgraduate education in your chosen field. What are your career plans? If you have had prior research experience, describe these activities. Indicate when, where and with whom the work was done. Describe your role in the work and briefly describe the results. Use a separate page if necessary.

IX. Acknowledgement

Read the following statements carefully before signing your application.

I understand that all application material submitted to The University of Texas M. D. Anderson Cancer Center becomes the property of M. D. Anderson and is not returnable. I also understand that M. D. Anderson is not obligated to furnish me with duplicate copies.

I understand that the information submitted herein will be relied upon by M. D. Anderson to determine my qualifications and eligibility for appointment and training. I authorize M. D. Anderson to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission or subsequent academic standing at M. D. Anderson. I agree to notify the proper M. D. Anderson officials of any changes in the information provided.

I certify that the information in the application is complete, correct, and not misleading to the best of my knowledge and belief. I acknowledge the submission of any false, incomplete, or misleading information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

Signature _____ Date _____

X. Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide M. D. Anderson (or its designee) with information requested by M. D. Anderson to verify the information I have provided in this application and to determine my qualifications and eligibility for appointment and training. I further agree not to hold such organizations (nor individuals employed by such organizations) liable for furnishing same.

Signature _____ Date _____

XI. Social Security Disclosure Notice

Disclosure of your social security number (“SSN”) is requested as part of your application for educational appointment with The University of Texas M. D. Anderson Cancer Center (“M. D. Anderson”). During the educational appointment application process, your SSN will be used as a unique number in order to identify you within M. D. Anderson’s current applicant tracking system. Disclosure of your SSN at the time that you apply for appointment is voluntary, but disclosure of your SSN is mandatory before you may be compensated by M. D. Anderson. Federal law requires M. D. Anderson to report income and SSNs for all trainees to whom compensation is paid. Trainee SSNs are maintained and used by M. D. Anderson for payroll, benefits, internal verification, and administrative purposes, to verify appointment, and to conduct background checks. M. D. Anderson reports SSNs to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Signature _____ Date _____