

I. General Instructions

Use the enclosed set of forms to apply for this program at the University of Texas MD Anderson Cancer Center.

II. Required Documents

Application Form – Submit an original application form.
Current Curriculum Vitae
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.
Diploma of Highest Degree – arrange for a copy of the diploma of highest degree. A letter from the university registrar’s office will also suffice confirming all requirements of the degree have been satisfactorily completed.
Immunizations – Per Employee Health guidelines, all educational trainees must provide documentation of immunizations See Attached
Credential Evaluation (non-US graduates only) See list of companies to choose from: See Attached

II. Policies Regarding Approval

- A. The University of Texas MD Anderson Cancer Center conducts criminal background checks. In addition, pre-appointment sanctions checks will be conducted through the Office of Inspector General, Office of Research Affairs, Office of Research Integrity, Texas Health and Human Services Commission, the Excluded Parties Listing System, and the National Practitioner Data Bank.
- B. MD Anderson Cancer Center is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, gender, sexual orientation, age, religion, disability, or veteran status, except where such distinction is required by law. All positions at The University of Texas MD Anderson Cancer Center are security sensitive and subject to examination of criminal history record information. The institution is a smoke-free and drug-free environment.
- 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: <http://www.sss.gov>.
- D. With few exceptions, you are entitled on your request to be informed about the information UTMDACC 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 UTMDACC correct information about you that is held by us and this is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTMDACC 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. Appointees must provide suitable documentation of immunization or immunity for various communicable diseases prior to starting the program.

V. Biographical Information

Full Name: _____
Last or Family First Middle Maiden

U. S. Social Security Number: _____ - _____ - _____

Current Mailing Address: _____
No. and Street Apartment No.
_____ City State Zip Country

Phone: _____ Fax: _____

E-mail Address: _____

Permanent Mailing Address _____
No. & Street Apartment No.
_____ City State Zip Country

List someone who will always know your location
Name Relationship Phone
_____ No. & Street Apartment No.
_____ City State Zip Country

Country of Permanent Residency: _____

Country of Citizenship: _____

If U.S. Citizen, Naturalized? Yes No If Non-U.S. Citizen, Current Visa Status: _____

VI. Voluntary Information

Date of Birth (mo/day/year): / / Gender: Male Female

Place of Birth: _____
City State Country

Ethnic Origin: American Indian/Alaskan Black or African American
(check only one) White Hispanic of any race
Asian Two or more races
Native Hawaiian or Pacific Islander

Are you or have you ever been in the armed forces of the U.S.? Yes No

If yes, what branch? _____ Dates of Service: _____ to _____

VII. State of Texas Employment History

Has M. D. Anderson Cancer Center ever employed you? Yes No

If yes, list department and dates of service: _____

Have you ever been employed by another component of the University of Texas or another agency of the State of Texas? Yes No

If yes, list agency and dates of service: _____

VIII. Academic History

List all colleges and universities attended in chronological order, beginning with the most recent institution. Do not abbreviate names.

Dates-From/To (mo/day/yr)	Institution City/State/Country	Major Field of Study/Degree	Date Awarded or Expected (mo/yr)

IX. Post Graduate Education Training

List current and/or all previous internships, residency, and fellowship training in chronological order (beginning with your most recent training). You must include all training programs you participated in, even if for a short time and even if you did not complete the program or fulfill the requirements.

Dates-From/To (mo/day/yr)	Institution City/State/Country	Type/Area of Training	Specialty	Highest PGY Level	Certificate Issued (Y/N)

X. Professional Experience

List in chronological order, beginning with current or most recent.

Dates - From/To (mo/yr)	Institution City/State/Country	Title

XI. Statement of Intent

Attach a single page document outlining your reasons for desiring this additional education experience in this field. Include future career plans and how this training might enhance your future occupation.

XII. Acknowledgement

Read the following statements carefully before signing your application:

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

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

I certify the information in the application is complete and correct to the best of my knowledge and belief. I acknowledge the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer, appointment revocation, or appropriate disciplinary action after appointment.

XIII. Release of Information

I release from liability and from any restrictions as to confidentiality or privacy all hospitals, schools, physicians, employers, individuals, agencies, or organizations that provide information about me at the request of the University of Texas MD Anderson Cancer Center or its agents.

XIV. Social Security Disclosure Notice

Disclosure of your social security number (SSN) is requested as part of your application for education appointment with The University of Texas MD Anderson Cancer Center ('MD Anderson'). During the educational appointment application process, your SSN will be used as a unique number in order to identify you with MD 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 MD Anderson. Federal law requires MD Anderson to report income and SSNs for all trainees to whom compensation is paid. Trainee SSNs are maintained and used by MD Anderson for payroll, benefits, internal verification, and administrative purposes to verify appointment and to conduct background checks. MD 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: _____