

Postdoctoral Fellowship Application Checklist & CoversheetPlease complete the application in SLATE per the instructions at www.bit.ly/GordonPostdoc.**GENERAL INFORMATION:**For trainees currently appointed to MD Anderson Cancer Center:

Today's Date	Fellowship start date	Projected fellowship end date.
Full Legal Name	Preferred Name	
Street Address	City/Town	
State/ Province	Zip/Postal Code	Country
Personal E-mail (e.g., Yahoo, Gmail, Hotmail)	Alternate Email	Mobile Phone
Current/Previous Institution	Current/Previous Department	

Qualifying degree type (e.g., MD, PhD, DrPH, etc.)

Completion date of qualifying degree (e.g. PhD)

If you need continuing certification credits, provide type (e.g., licensed psychologist)

PROPOSED MENTORS: List all proposed mentors including name with credentials, department and institution. Two mentors must be appointed at MD Anderson, including the primary mentor and both must have complimentary expertise. Visit the fellowship page for details.

Primary Mentor:

First & Last Name	Department	Institution
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Co-Mentors:

First & Last Name	Department	Institution
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First & Last Name	Department	Institution
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First & Last Name	Department	Institution
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First & Last Name	Department	Institution
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First & Last Name	Department	Institution
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PHASE 1b): SUPPLEMENTAL APPLICATION: Check each box, complete all required fields, sign, and email this sheet and supporting documents to the CP RTP.

Application Checklist & Coversheet: This form signed & dated.

Mentor's Profile Form: [Download form at bit.ly/GordonPostdoc](https://bit.ly/GordonPostdoc).

Mentor Support Documents: 1) Letter of Support (LOS), 2) NIH BioSketch, and 3) Other Support: Collect all three (3) documents from each proposed mentor, signed, and on letterhead.

Headshot Photograph: The photograph can be a passport, license or, professional photo with a neutral, solid colored background. We will include your photo in the CP RTP Postdoc roster if your application is selected.

Proposal Keywords, Title, and Suggested Reviewer Form: Proposed project information and suggested reviewers, if you are selected. [Download form at https://bit.ly/GordonPostdoc](https://bit.ly/GordonPostdoc).

CP RTP Fellowship Requirements Memo: Signed by the applicant and primary mentor. [Download form at: https://bit.ly/GordonPostdoc](https://bit.ly/GordonPostdoc).

CP RTP Mentor Requirements Memo: Signed by the primary mentor. [Download form at: https://bit.ly/GordonPostdoc](https://bit.ly/GordonPostdoc).

DEMOGRAPHICS: This data is reported to our funding agency to promote diversity and inclusion among our applicants and is never used in a discriminatory manner. The CPRTP strongly encourages applications from individuals with disabilities, from underrepresented backgrounds, and underserved communities in biomedical science. Your responses would be helpful and appreciated.

In your own words, please define your gender:

Are you Hispanic or Latino (including Spain)?

Select the racial category that best describes you.

List any additional racial ethnicities.

Primary language spoken at home:

Preferred language:

Are you the 1st in your immediate family to graduate from college?

Pronouns

Mother's highest degree earned?

Father's highest degree earned?

Do you qualify as an individual from a **disadvantaged background** based on the following federal criteria?: (1) Come from an environment that inhibited the individual from obtaining the knowledge, skill and ability required to enroll in and graduate from a health professions school; or (2) Come from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, periodically published [in the Federal Register](#).

SIGNATURE: ONLY the applicant's signature is required.

Applicant's Signature

Date:

SUBMISSION INSTRUCTIONS

1. Merge all items listed on page one of this ***Application Checklist and Coversheet*** into a single pdf file.
2. Email the merged file to Apply@CancerPreventionTraining.org.
3. The email **subject line** and **filename** must have the same naming convention/format: ***Your Last Name, First Name - CPRTP Gordon Application***.

IMPORTANT NEXT STEPS

Appointment Process

The fellowship appointment is executed in the SLATE system and managed by the **MD Anderson Office of Research Training Programs (RTP)**, RTP-EAS@mdanderson.org. RTP requires a minimum of three (3) weeks to process the appointment paperwork. Applicants may be required to upload the following:

- **Immunization Compliance Report:** The immunization records and health forms must be complete by the postdoc fellow and a physician or physicians office. All forms must be uploaded to the Castle Branch System which requires a non-refundable \$30 fee to establish an account. The required immunizations may include, but are not limited to, *MMR, Chicken Pox, TB Skin Test (current within one year), and Tdap*. It is recommended that you complete the *TB test* as soon as possible.
- **Proof of COVID-19 Vaccine or exemption.**
- **Personal and Criminal History Background Check**
- **Proof of Selective Service Registration**
- **Export Control Review Form**
- **English Proficiency Verification (if applicable)**

Visa Sponsorship: International applicants must have a valid U.S. visa by the fellowship start date.

Fellowship Start: You may begin the fellowship and receive funding once the following items are completed:

- 1) Appointment paperwork submitted and approved by RTP in SLATE, including immunization compliance report by Castle Branch.
- 2) (If applicable) Approval of Visa sponsorship forms by the MD Anderson Visa and Immigration Services Administration (VISA), Visa@MDAnderson.org.
- 3) Approval of the Research and Career Proposal by the CPRTP.
Failure to meet these requirements on time may delay or cancel your fellowship.