



Country/Region:

Permanent Home Phone:

Citizenship Status:

If Permanent Resident:

Country of Citizenship

Alien Registration No.

TOEFL Score:  Required for Permanent Residents or Foreign Nationals

Current Visa Status:

Years of Postdoctoral Research Experience:

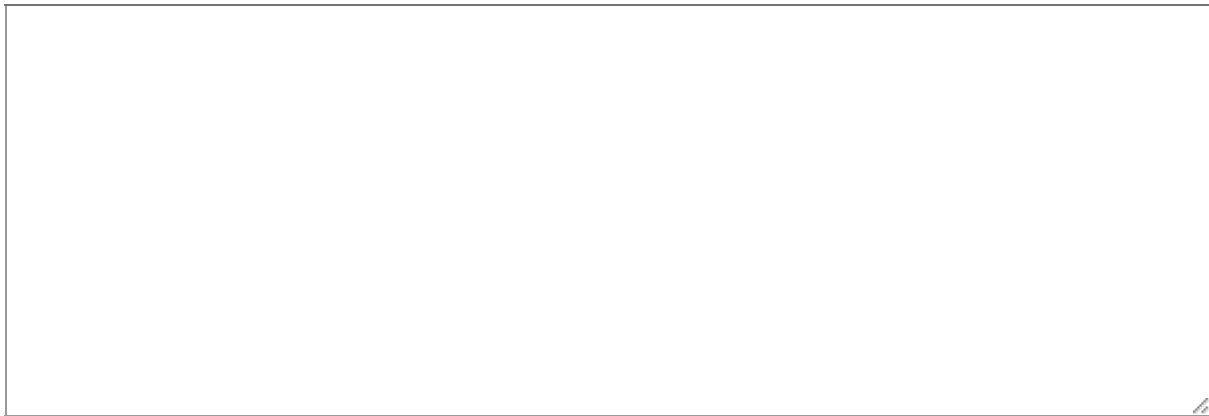
Previous Research Experience at NIH:

Type of NIH Research Experience (if any):  Summer  Postbaccalaureate  Graduate School  Postdoctoral  Medical/Dental Predoctoral  Medical/Dental Residency

## 2. Curriculum Vitae

## 3. Publications

## 4. Cover Letter



5. If not selected for this position, would you like to be considered for other Postdoctoral opportunities?

6. Reference

Reference 1 (Name, Address, Phone, Email):

Name:     ●

First                      MI                      Last

Address:  ●

Phone:  ●

E-mail:  ● Format: user@server.com

Reference 2 (Name, Address, Phone, Email):

Name:     ●

First                      MI                      Last

Address:  ●

Phone:  ●

E-mail:  ● Format: user@server.com

Reference 3 (Name, Address, Phone, Email):

Name:     ●

First                      MI                      Last

Address:  ●

Phone:  ●

E-mail:  ● Format: user@server.com

7. Areas of NIH Research Interest

- 1.
- 2.
- 3.

- Other:
- Other:
- Other:

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

**Notice to all applicants:**

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

[Preview Application](#)

## NIH POSTDOCTORAL FELLOWSHIP PROGRAM

### LETTER OF RECOMMENDATION FOR DR. PATRICIA WAGNER

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

#### **Instructions:**

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the button below to submit your letter.**

#### Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

#### Reference Letter

Please include your name, academic rank, department and institution in your signature block.

Submit

**Burden Disclosure Statement for Applicants –**

Public reporting burden for this collection of information is estimated to average 45-minutes for the application and 45-minutes for the supplemental material per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

**Burden Disclosure Statement for References –**

Public reporting burden for this collection of information is estimated to average 15-minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.