

U.S. Food and Drug Administration

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FDA Commissioner's Fellowship Program

Commissioner Fellowship Program Checklist

Please gather the following items BEFORE applying for the Commissioner's Fellowship Program, Late and/or incomplete applications will not be considered.

- Green Card number if you are not a U.S. Citizen.
- Verification of foreign degree if your degree is completed outside of U.S. (Please visit here for more guidance). An electronic copy (PDF) is required.
- Electronic copy of your Resume/CV in Word, Word Perfect, or PDF.
- Three references and their contact information. These references will receive email notifications requesting them to submit their letters electronically. A personal e-mail address is required for each reference.
- Personal statement which outlines both your educational and professional experience, as well as what has driven you to apply to the FDA Commissioner's Fellowship Program. Address what you would bring to the FDA and how you believe this Fellowship will help you reach your short and long term career goals. Please limit your statement to one, single-spaced page, using a 12-point font.
- Electronic copy of your transcripts. Unofficial transcripts are acceptable. Only one file can be uploaded per application so either submit a transcript for the most relevant degree, or combine all transcripts into one file.
- Go to the Commissioner's Fellowship Program website. Look at the proposed projects and select up to five. Write down the Preceptor names so that you can provide them during the application process. If a project has multiple Preceptors, you only need to list one of their names.

Complete Application Login Username: Password: Forgot password.

Create Application

New Applicant

NOTE:

Do not include your Social Security Number on any of your application materials.

Files over 20MB can not be uploaded into the application.

The Commissioner's Fellowship Program is not responsible for technical issues unrelated to the application database that may result in a late or incomplete application.

I have read and understand the Commissioner's Fellowship Program Checklist



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Complete Application Login Username: Password: Forgot password.

New Applicant

Create Application

NOTE:

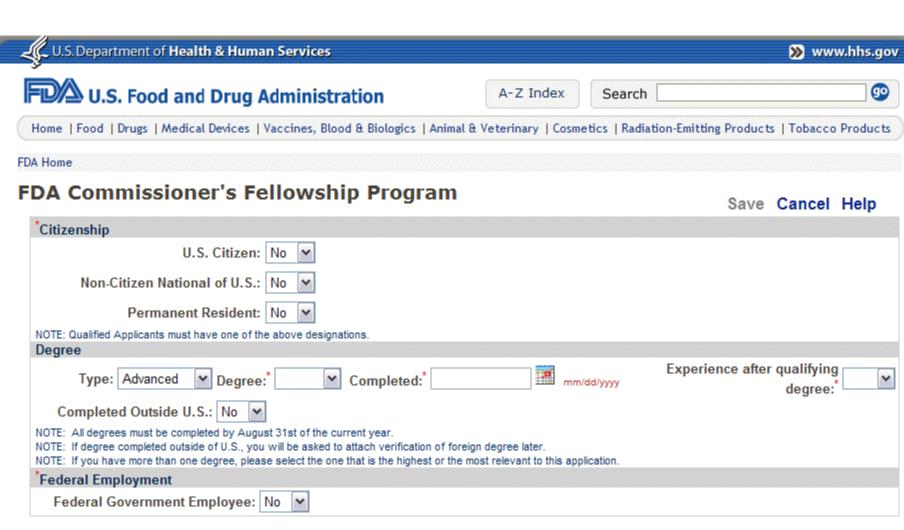
Do not include your Social Security Number on any of your application materials.

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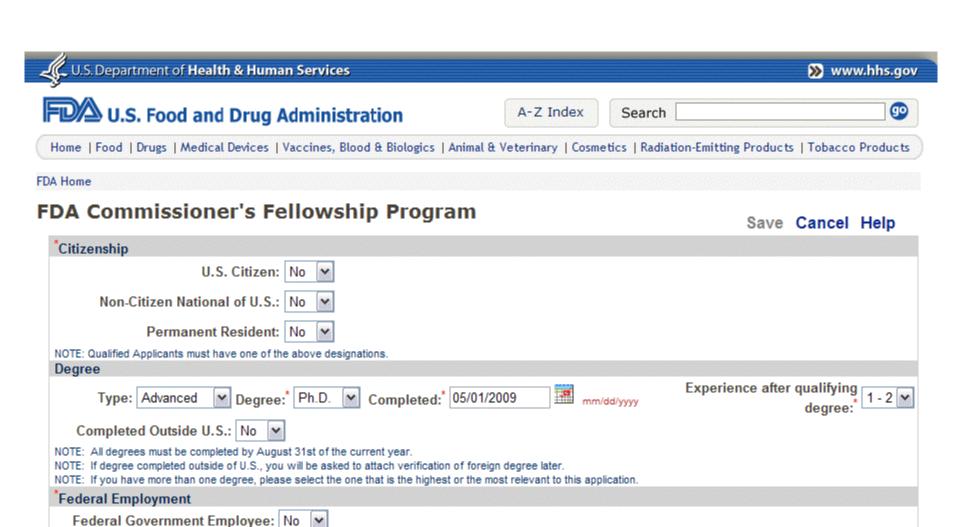
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▼I have read and understand the Commissioner's Fellowship Program Checklist

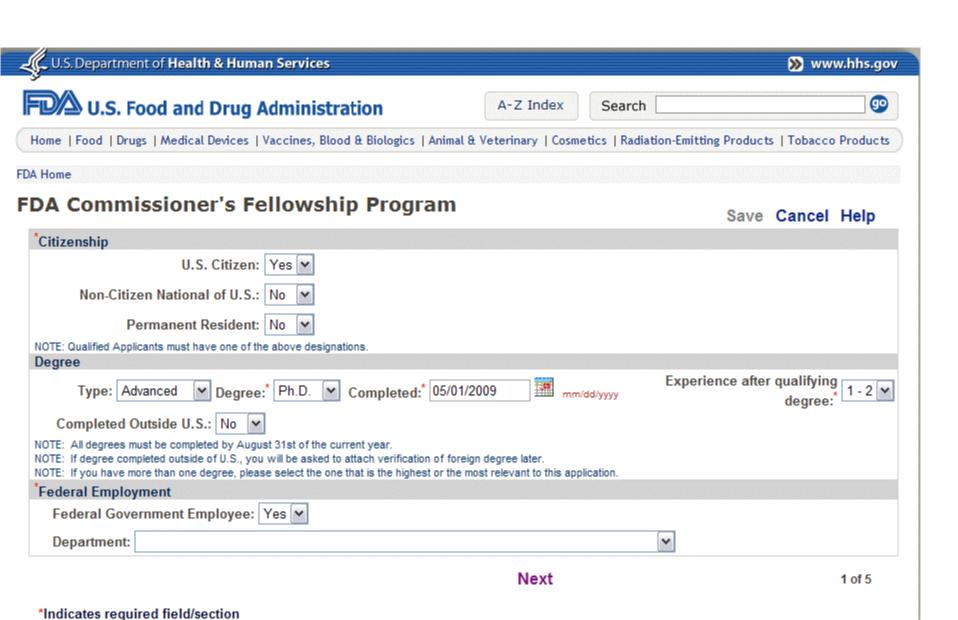


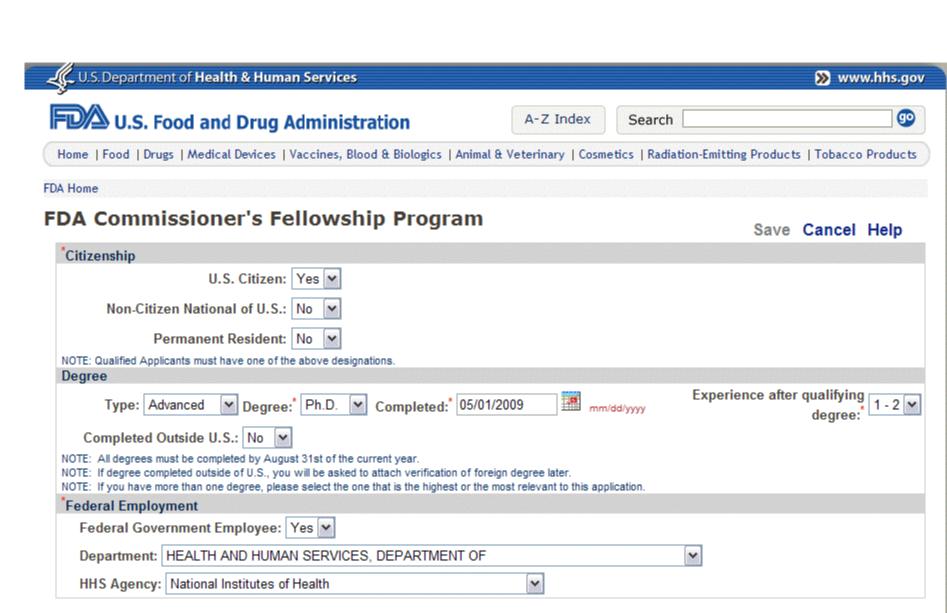
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^{*}Indicates required field/section





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| Personal Information | |
|-----------------------------------|-----------------|
| *First Name: | |
| Middle Initial: | |
| *Last Name: | |
| Address | ☐ International |
| *Address 1: | |
| Address 2: | |
| *City: | |
| *State: *Zip Code: | |
| *Primary Phone: max 16 characters | |
| Other Phone: max 16 characters | |
| *E-Mail: | |
| *Confirm E-Mail: | |
| | |

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Other Phone:

*Confirm E-Mail:

*E-Mail:

max 16 characters



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most preferred.

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| Agricultural Sciences Analytical Chemistry Aquaculture Biochemistry | | |
|--|--------------|----------------|
| Biology | <u> </u> | |
| NOTE: You must select at least one and up to five fields | of interest. | |
| Attachments | | |
| *Personal Statement: | | Browse |
| *Resume/CV: | | Browse |
| *Transcripts: | | Browse |
| NOTE: Do NOT include your Social Security Number on y | your resume. | |
| Preliminary Preceptor Selection | | |
| ABEL, B. NICHOLAS ADAMS, M. ANN ADAMS, M. ANN ADAMS, M. BRENDA ADAMS, N. GLORIA ADAMS, M. KATHLEEN ADAMS, D. KIMBERLY ADAMS, D. KIMBERLY | | ★ ★ ▼ ▼ |

NOTE: You must select at least one and up to five Preceptors. Please arrange the selected Preceptors in order of preference, the first being the



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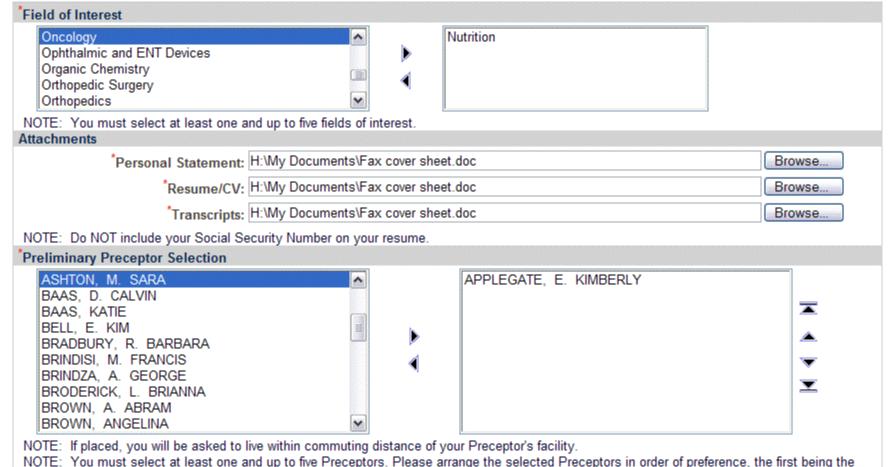
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| Reference 1 | | | | ☐ International |
|-----------------------------|-------------------|-----|-------------|-----------------|
| Title: | ~ | | | |
| *First Name: | | MI: | *Last Name: | |
| *Company/Organization: | | | *Position: | |
| *Relationship to Applicant: | ~ | | | |
| *Years Known: | | | | |
| *Address1: | | | | |
| Address2: | | | | |
| *City: | | | | |
| *State: | ~ | | *Zip Code: | |
| *Primary Phone: | nax 16 characters | | | |
| Other Phone: | nax 16 characters | | | |
| *E-Mail: | | | | |
| + Reference 2 | | | | ☐ International |
| + Reference 3 | | | | ☐ International |

NOTE: References will be given directions on how to submit their reference letter upon completion of your application.

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| + Reference 1 | ☐ International |
|--|-----------------|
| + Reference 2 | International |
| = Reference 3 | International |
| Title: | |
| *First Name: First MI: *Last Name: Last | |
| *Company/Organization: Company *Position: Position | |
| *Relationship to Applicant: Other | |
| *Years Known: 3 | |
| *Address1: Address | |
| Address2: | |
| *City: City | |
| *State: Montana Y *Zip Code: | |
| *Primary Phone: 1234567890 max 16 characters | |
| Other Phone: | |
| *E-Mail: t.t@t.tst | |

NOTE: References will be given directions on how to submit their reference letter upon completion of your application.

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| Optional Information | | | |
| Race: | ~ | | |
| Gender: | | | |
| NOTE: FDA appreciates your assistances in helping to ensure d | liversity by completing the op | tional information. | |
| Please check this box if you would like to receive inform | ation about other FDA fell | owship or emplo | yment opportunities. |
| How did you hear about Commissioner's Fellowship Program | ? | | |
| | | | |

Review Application Submit Application

NOTE: You will not be able to change your data after submitting application. Please select the Save link if you want to save data and complete the application later.

NOTE: To review your information prior to submitting your application select the Review Application link to open the Review Information Page.

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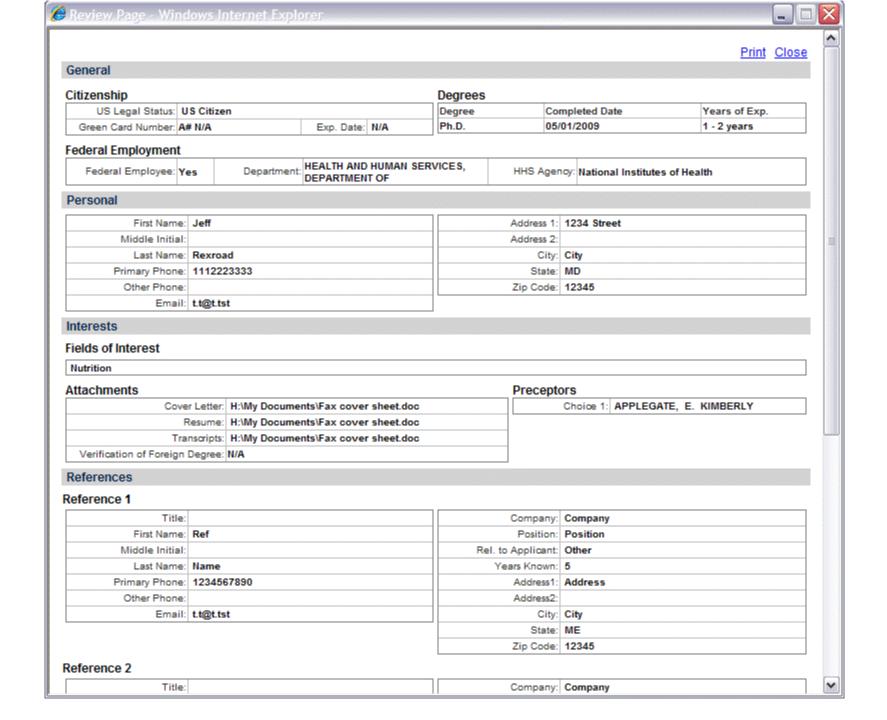
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| FDA Commissioner's Fellowship Program_ | | | One Compatible |
| Optional Information | 7 | W | arning! |
| | You won't be able to change data after submitting the form. D you want to proceed? Yes No | | |
| ☐ Please check this box if you would like to receive information ab How did you hear about Commissioner's Fellowship Program? | oout other FDA fell | owship or empl | loyment opportunities. |

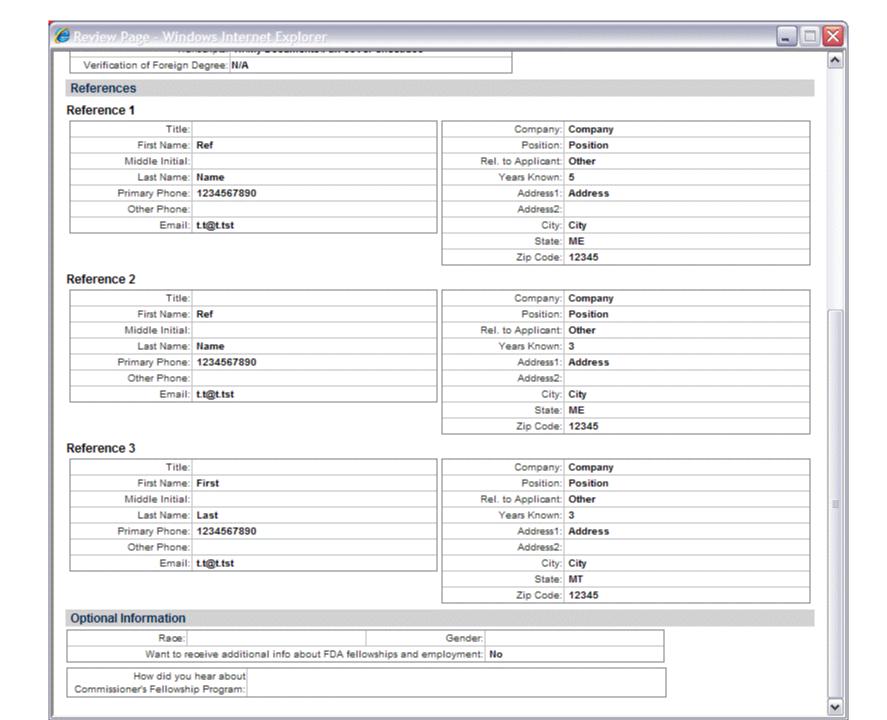
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Confirmation Number: FP1004280 Print Close General Degrees Citizenship US Legal Status: US Citizen Degree Completed Date Years of Exp. Ph.D. 05/01/2009 1 - 2 years Green Card Number: A# N/A Exp. Date: N/A Federal Employment HEALTH AND HUMAN SERVICES, Federal Employee: Yes Department: HHS Agency: National Institutes of Health DEPARTMENT OF Personal First Name: Jeff Address 1: 1234 Street Middle Initial: Address 2: Last Name: Rexroad City: City Primary Phone: 1112223333 State: MD Other Phone: Zip Code: 12345 Email: t.t@t.tst Interests Fields of Interest Nutrition Preceptors Attachments Cover Letter: H:\My Documents\Fax cover sheet.doc Choice 1: APPLEGATE, E. KIMBERLY Resume: H:\My Documents\Fax cover sheet.doc Transcripts: H:\My Documents\Fax cover sheet.doc Verification of Foreign Degree: N/A References Reference 1 Title: Company: Company First Name: Ref Position: Position Rel. to Applicant: Other Middle Initial: Years Known: 5 Last Name: Name Primary Phone: 1234567890 Address1: Address Other Phone: Address2: