

NIDDK-National Hispanic Medical Association (NHMA) Application

Public reporting burden for this collection of information is estimated to average 20 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-xxxx*). Do not return the completed form to this address.

**National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
National Hispanic Medical Association (NHMA)
Travel Award Application for NIDDK/NHMA Fellows Attending
the NHMA Annual Conference**

APPLICANT INFORMATION

Date

FULL NAME

Last Name

First Name

M.I.

Graduate Degree(s)

ORGANIZATION ADDRESS

Name of Organization

Street Address

City

State

Zip Code

PERMANENT ADDRESS

Street Address

City

State

Zip Code

Phone Number

Email Address

CAREER INFORMATION

CAREER STATUS

- Post Graduate Year Resident Acting Instructor Fellow
 Assistant Professor Instructor

SPECIALTY

Primary Specialty Secondary Specialty

DEMOGRAPHIC INFORMATION

WHICH OF THESE BEST DESCRIBES YOUR ETHNICITY (CHOOSE ONE)?

- Hispanic or Latino Not Hispanic or Latino

WHICH OF THESE BEST DESCRIBES YOUR RACE (CHOOSE ONE OR MORE)?

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White Other

CITIZENSHIP STATUS?

- U.S. Citizen Noncitizen National Permanent Resident of U.S. Pending
 Permanent Resident of U.S. Other, U.S. Visa (specify)

GENDER

- Female Male

ADDITIONAL INFORMATION

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?

- Academic Dean Direct Mailing Professional Organization
 Word of Mouth Email Website
 Training Program Director Other (Specify)

ARE YOU A MEMBER OF THE NATIONAL HISPANIC MEDICAL ASSOCIATION (NHMA)?

The primary use of the information collected on this form is to support the application process for the NIDDK-NHMA Travel Awards Program offered through the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). If you voluntarily complete this form and send it by e-mail, you are advised that e-mail communications are not secure against interception and inadvertent disclosure. Please see the NIDDK Privacy Statement, for more information.

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION

- Personal statement describing your research interest/s, career ambitions, and how attending the program will influence your training and development
- Curriculum Vitae
- Letter of support from the Chairperson or Director of your academic training program indicating how you will continue to be supported in your pursuit of a career in academic medicine



PLEASE EMAIL APPLICATION TO CURRYJ1@MAIL.NIH.GOV

The primary use of the information collected on this form is to support the application process for the NIDDK-NHMA Travel Awards Program offered through the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health (NIH). If you voluntarily complete this form and send it by e-mail, you are advised that e-mail communications are not secure against interception and inadvertent disclosure. Please see the NIDDK Privacy Statement, for more information.