NIH | **NATIONAL CANCER INSTITUTE**
Cancer Prevention Fellowship Program

Application System

Fellowship Application

Now Accepting Fellowship Applications

The CPFP is now accepting fellowship applications for the class entering in June 2021.

The deadline for all applications is 11:59 pm, U.S. Eastern Daylight Time on August 17, 2020. To apply, you must create a fellowship application by following the instructions provided below.

The deadline for all supporting documentation (Lettters of Reference, Letters of Assurance, Proof of Employment) is 11:59 pm U.S. Eastern Daylight Time on August 24, 2020. All supporting documetation must be requested through your application account.

For more information about completing a fellowship application, please see How to Apply.

Creating a Fellowship Application

To create a fellowship application, you must first establish a Login Service Account. Once you have an account, you may complete your application.

Step 1: Request a Login Service Account

To begin a fellowship application, you must first have a Login Service Account. The account allows you to manage your username and password and provides greater security for your personal information.

- If you do not already have a Login Service Account, then you must request an account. If you have a Login Service Account, then proceed to step 2.
- Please allow 1-2 business days for your account to be approved. You should allow sufficient time to create the account before the August 17, 2020 deadline.
- You will be notified by e-mail when your account has been created.

Request a Login Service Account

Step 2: Begin Your Fellowship Application

Once your Login Service Account has been created, you may begin your fellowship application.

- If this is your first time creating a fellowship application, then you will log in, complete a brief form, and begin your application.
- If you are a returning user who created a fellowship application in a past year, then you will log in. If you have not previously done so, you will then link your Login Service account to your application, and begin. Once the link is made, you will not be asked to do it again.

First Time Applicant | **Returning Users: Log In**

OMB Number: 0925-0761   Expiration Date: 07/31/2022

Technical support is available Monday through Friday from 9:00 AM to 5:00 PM U.S. Eastern Time. For help, please contact cpfp@imsweb.com.

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Application System

OMB Burden Statement

OMB No: 0925-0761
Expiration Date: 07/31/2022

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being asked to complete this instrument so that we can evaluate the effectiveness of it.

Public reporting burden for this collection of information is estimated to average 60 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 (0925-0761) . Do not return the completed form to this address.

CPFP Home | Accessibility | FOIA | Privacy Policy | Contact Us

U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

NIH... Turning Discovery Into Health®

Request a Login Service Account

IMS Login Service

Apply For A New Account

Your new account can be used to log into participating portals and web applications that use the IMS Login Service. Please contact us if you have questions about the process.

All fields are required.

Profile Information

First Name: [   ]

Last Name: [   ]

Email Address: [   ]

If you were invited to create an account by another system, please make sure to use the email address that received the invitation.

Verify Email Address: [   ]

Phone Number: [   ]

Used for account verification.

Choose a Username

At least 3 characters long.
Letters and numbers only.

Username: [   ]

Usernames are case-sensitive.
We recommend using one that's easy to remember such as a combination of your last name and first initial.

Choose a Password

Passwords must be at least 8 characters long and include characters from **at least 3** of the following:

Uppercase letters (A-Z)
Lowercase letters (a-z)
Numerals (0-9)
Special characters (! # $ % & * + = , - . / : ; ( ) < > ? @ \ ^ _ ` ~)

Passwords will expire every 60 days.

Password: [   ]

Confirm Password: [   ]

Security Questions

Answers are not case-sensitive.

Question One: [--------- ▼]

Answer One: [   ]

Question Two: [--------- ▼]

Answer Two: [   ]

Question Three: [--------- ▼]

Answer Three: [   ]

Why are you requesting an account?

Please provide the name of the project or portal you are trying to access. The name of the project administrator/manager/officer would also be useful to help expedite the account approval process.

Reason: [   ]

[Continue] [Cancel]

NIH **NATIONAL CANCER INSTITUTE**
Cancer Prevention Fellowship Program

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Create an Application Account

You may create a new application account by completing this form. The information that you provide below may be used to contact you in case there is any problem with your account.

■ All fields are required.

First Name ■   Last Name ■

Aaron   Applicant

Preferred E-mail ■   Verify Preferred E-mail ■

aaron.applicant@gmail.com   aaron.applicant@gmail.com

Preferred Phone ■

555-555-5555

Create Account **Cancel**

Application System

Log In

The CPFP Application System utilizes Single Sign On (SSO) and can accommodate two types of login credentials:

- IMS Login Service - An account authorized by the CPFP to users who do not have an NIH account.

- NIH Network - An account used to log into the National Institutes of Health (NIH) Network.

Applicants to the Fellowship Program: First time applicants should follow the instructions on how to apply to the fellowship program.

Need assistance? Send an email to the administrator.

Warning Notice for U.S. Government Systems

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
  - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
  - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

IMS Login Service

This is a service that allows members to log into participating portals and web applications administered by Information Management Services, Inc.

Username:

Password:

Please do not bookmark this page.

Login

Forgot your username or password?

New User? Create an account

This page is not directly accessible. Please try visiting the home page of the system you are trying to access.

Need assistance? E-mail the administrator and include details about the system you are trying to access.

IMS, Inc.

NATIONAL CANCER INSTITUTE
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Contact Us | My Account | Logout (Aaron)

Fellowship Application Portfolio

| Overview | Other Applications |

Applicant has account, but hasn't applied yet for this application cycle.

We would like to welcome you back to the Cancer Prevention Fellowship Program application. To create a new application, please click the button below.

Create an Application

Please note the deadlines for your application and supporting documentation.

- The deadline for submitting your application is on or before **11:59 PM, August 17, 2020 U.S. Eastern Daylight Time.**
- The deadline for submitting all supporting documentation is on or before **11:59 PM, August 24, 2020 U.S. Eastern Daylight Time.**

You cannot update your application from last year. However, you can view your *previous year application(s)*.

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U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

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Applicant has applications in previous years.

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Fellowship Application Portfolio

Overview | Other Applications

Other Applications

You have applications from other year(s). Please click to navigate to an application.

- Application for Entry in 2020

Begin Fellowship Application

Application System

Fellowship Application   Status: NOT SUBMITTED

- Contact Information
- Citizenship
- Education
- Personal Statement
- Curriculum Vitae
- How Did You Hear?
- Feedback

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Save & Exit

Contact Information

■ = required field

Name

Title ■	First Name ■	Middle Name	Last Name ■	Suffix
▼	Aaron		Applicant	▼

Degrees (e.g. PhD, MD, MPH, ...)

Demographic Information

❓ Why am I being asked for this?

Gender:
○ Male
○ Female

Race
▼

Date of Birth (mm/dd/yyyy) ■

City of Birth   State/Province of Birth   Country of Birth

Home Address

Address ■

City ■   State/Province ■   Zip/Postal Code ■

Country ■

Why am I being asked for this?
We collect gender, race, birth date, and birth location to form a demographic profile of the applicant pool. We provide this information to reviewers only when summarizing the entire group of applicants.

Work/School Address

Are you currently employed or in graduate school? ▼
- ◉ Yes
- ○ No

Position Title ▪

Employer/School ▪

Department/Division

Address ▪

City ▪   **State/Province** ▪ ▼   **Zip/Postal Code** ▪

Country ▪

Lookup Values:
State/Province:
- U.S. states
- U.S. territories
- Canadian provinces

Contact Information

Preferred Phone ▪   **Alternate Phone**   **Fax**
555-555-5555

Preferred E-mail
aaron.applicant@gmail.com

New Preferred Email   **Verify New Preferred E-mail**

Alternate Email

[< Previous] [Next >]   [Save & Exit]

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[Save & Exit]

Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

- ◉ United States Citizen

- ○ Permanent Resident of the United States ▲

- ○ Applying through the Ireland-NCI Cancer Consortium ▲

- ○ Applying through the FUNIN-NCI Partnership ▲

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[Save & Exit]

Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

○ United States Citizen

◉ Permanent Resident of the United States   ▼

Please provide your country of citizenship and permanent resident number below.

Country of Citizenship ■   Permanent Resident Number ■

[_____]   [_____]

As a permanent resident of the United States, you must upload a copy of proof of eligibility for citizenship (I-551 stamp).

Proof of Citizenship ■
[Choose File] No file chosen

○ Applying through the Ireland-NCI Cancer Consortium   ▲

○ Applying through the FUNIN-NCI Partnership   ▲

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[Save & Exit]

Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

○ United States Citizen

○ Permanent Resident of the United States   ▲

◉ Applying through the Ireland-NCI Cancer Consortium   ▼

To apply through the Ireland-NCI Cancer Consortium, you must first obtain a tracking number:

■ Contact the Health Research Board to ensure that eligibility criteria are satisfied. If you meet the eligibility requirements, you will be assigned a tracking number.

■ Allow sufficient time to obtain approval through the Consortium prior to the August 17, 2020 deadline.

Tracking Number ■

You must be a citizen of the Republic of Ireland. Please upload proof of citizenship.

Proof of Citizenship ■
[Choose File] No file chosen

Lastly, you must request proof of employment in Ireland. You can exit this application and go to the Employment tab to request proof of employment.

○ Applying through the FUNIN-NCI Partnership   ▲

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[Save & Exit]

Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

○ United States Citizen

○ Permanent Resident of the United States ▲

○ Applying through the Ireland-NCI Cancer Consortium ▲

◉ Applying through the FUNIN-NCI Partnership ▼

To apply through the FUNIN-NCI Partnership, you must first obtain a tracking number:

■ Contact FUNIN to ensure that eligibility criteria are satisfied. If you meet the eligibility requirements, you will be assigned a tracking number.

■ Allow sufficient time to obtain approval through the Partnership prior to the August 17, 2020 deadline.

Tracking Number ■
[   ]

You must be a citizen of Costa Rica. Please upload proof of citizenship.

Proof of Citizenship ■
[Choose File] No file chosen

Please provide your test scores from either (or both of) the Test of English as a Foreign Language (TOEFL ⊕) or the International English Language Testing System (IELTS ⊕) test.

	Reading ■	Listening ■	Speaking ■	Writing ■	Total
☑ TOEFL Scores	[ ]	[ ]	[ ]	[ ]	[ ]

	Reading ■	Listening ■	Speaking ■	Writing ■	Total
☑ IELTS Scores	[ ]	[ ]	[ ]	[ ]	[ ]

Please provide documentation from either (or both) of the TOEFL and IELTS tests.

Test Documentation ■
[Choose File] No file chosen

[< Previous] [Next >]   [Save & Exit]

TOEFL link: http://www.ets.org/toefl
IELTS link: https://www.ielts.org/en-us/

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[Save & Exit]

Education

Please provide information on degrees conferred or expected to be conferred. Additionally, we would like to know if you have received postdoctoral training at the National Institutes of Health.

Degrees Awarded or Expected

- Provide *each graduate **and** undergraduate degree* awarded or expected.
- Do not include postdoctoral fellowships, internships, certifications, or other training. These experiences may be described in your *curriculum vitae*.
- If you are currently enrolled in an accredited doctoral degree program but have not yet fulfilled all degree requirements, you must request a Letter of Assurance stating that all degree requirements will be completed before the start of the CPFP, June 2021. You can exit this application and go to the Assurance Letters tab to request a Letter of Assurance.
- You must upload UNOFFICIAL transcripts for each graduate and undergraduate degree listed below. You do not need to upload your transcripts to proceed with your application. However, they must be provided before you can *submit* your application.
- Upload your transcripts in PDF format (preferable) or as a Word document.
- Certified transcripts cannot be processed by this system. If you have a certified transcript, please scan it and upload the scanned version as a PDF.

[Add a Degree]

Degree			University	Transcript
PhD, exp May 2021	[edit]	[delete]	Harvard University	[add]

NIH Postdoctoral Training

☐ I have received or am receiving postdoctoral training at the National Institutes of Health.   ❓ Why am I being asked for this?

[< Previous] [Next >]   [Save & Exit]
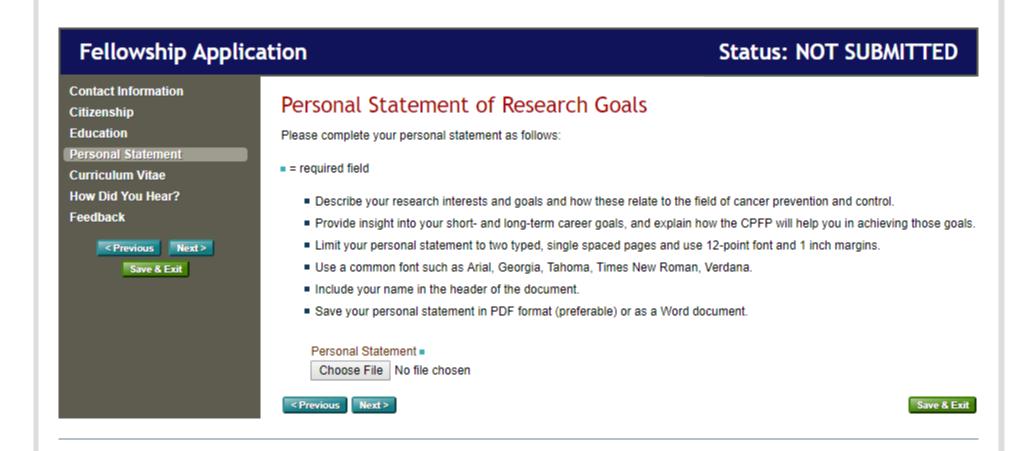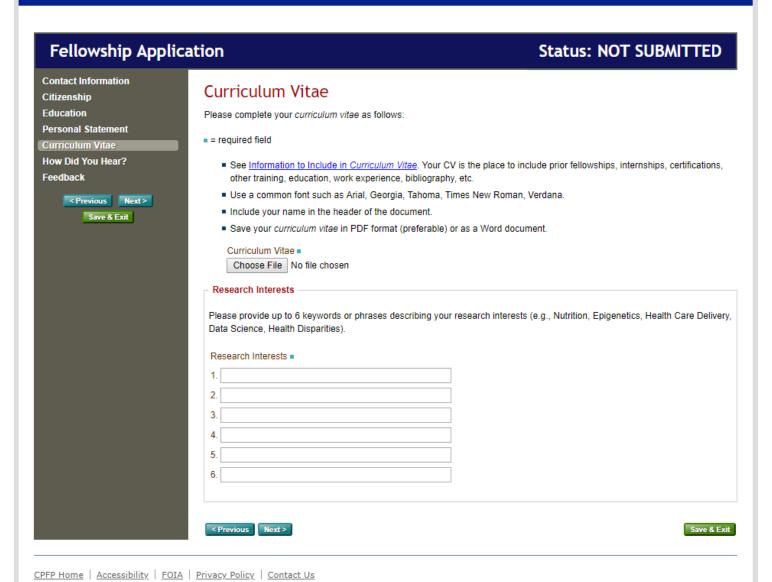
CPFP Home | Accessibility | FOIA | Privacy Policy | Contact Us
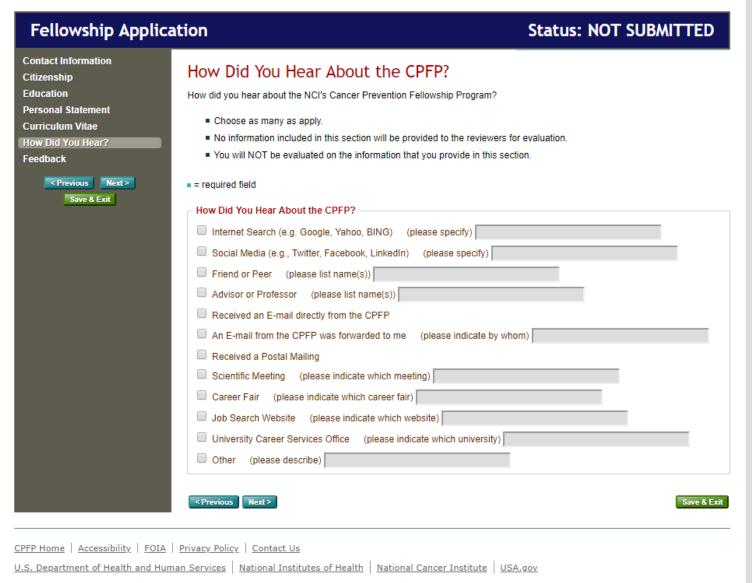U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov
NIH...Turning Discovery Into Health®
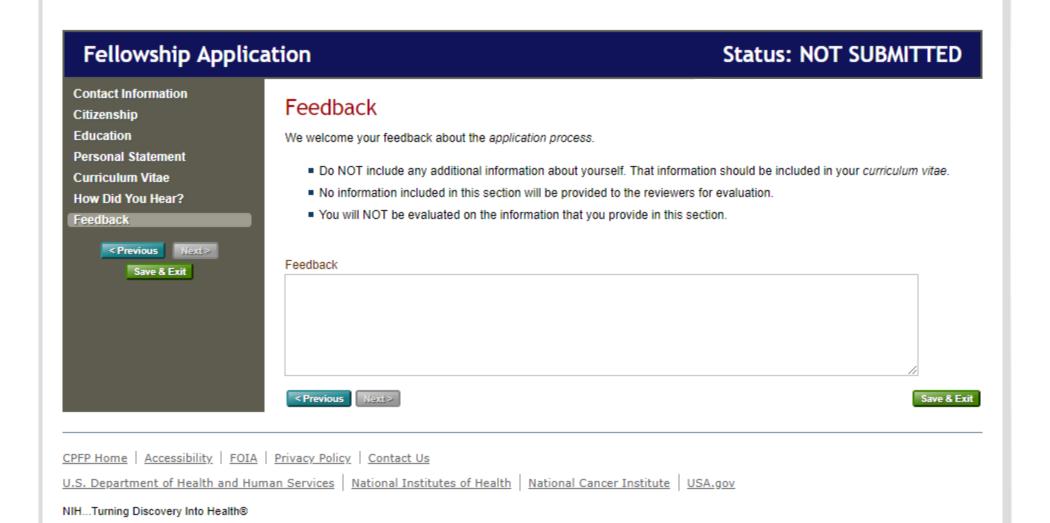

<u>Why am I being asked for this?</u>
We are interested in the amount of postdoctoral training you have received or are receiving at the National Institutes of Health because it may affect your eligibility for the fellowship program.

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[Save & Exit]

Add Degree

- Complete this form for *each graduate **and** undergraduate degree* awarded or expected.
- Do not include postdoctoral fellowships, internships, certifications, or other training. These experiences may be described in your *curriculum vitae*.
- Do not include incomplete degrees if you are NOT expecting to receive a degree. This course work may also be described in your *curriculum vitae*.

Am I eligible?

■ = required field

Degree

Degree (as it appears on your transcript) ■   If other, please specify:
[▾]   [   ]

Status ■   Month   Year ■
[This degree was Awarded ▾] in   [▾]   [   ]

Major (separate double major with a comma) ■   Minor
[   ]   [   ]

University or College (e.g., University of Maryland, Washington College, etc.) ■
[   ]

School (e.g., School of Public Health, College of Arts and Sciences, etc.)
[   ]

Department or Division (e.g. "Department of Chemistry")
[   ]

City ■   State/Province   Country ■
[   ]   [▾]   [   ]

[Save] [Cancel]

[< Previous] [Next >]   [Save & Exit]

Eligibility link: https://cpfp.cancer.gov/fellowship-program/become-fellow/eligibility

Lookup Values for Degree:
Associate's,
BA, BS, BSN, Other Bachelor's,
MA, MS, MPH, MSPH, MSN, ScM, Other Master's,
MD, MBBS, MBBCh, DVM, DDS, DMS, DO, Other Doctoral (Medical),
PhD, DrPH, JD, ScD,
Other Doctoral (PhD equiv)

Lookup Values for Status:
This degree was Awarded
This degree is Expected

Lookup Values for Month:
January...December

Lookup Values for State/Province:
• U.S. states
• U.S. territories
• Canadian provinces

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[Save & Exit]

Add Transcript

Please add the transcript for your PhD from Harvard University (2021).

▪ This is a required item.

Add Transcript

Browse to find your document. ▪

[Choose File] No file chosen

[Save] [Cancel]

[< Previous] [Next >]   [Save & Exit]

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[Save & Exit]

Personal Statement of Research Goals

Please complete your personal statement as follows:

■ = required field

- Describe your research interests and goals and how these relate to the field of cancer prevention and control.
- Provide insight into your short- and long-term career goals, and explain how the CPFP will help you in achieving those goals.
- Limit your personal statement to two typed, single spaced pages and use 12-point font and 1 inch margins.
- Use a common font such as Arial, Georgia, Tahoma, Times New Roman, Verdana.
- Include your name in the header of the document.
- Save your personal statement in PDF format (preferable) or as a Word document.

Personal Statement ■

[Choose File] No file chosen

[< Previous] [Next >]   [Save & Exit]

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Curriculum Vitae

Please complete your *curriculum vitae* as follows:

■ = required field

- See Information to Include in *Curriculum Vitae*. Your CV is the place to include prior fellowships, internships, certifications, other training, education, work experience, bibliography, etc.
- Use a common font such as Arial, Georgia, Tahoma, Times New Roman, Verdana.
- Include your name in the header of the document.
- Save your *curriculum vitae* in PDF format (preferable) or as a Word document.

Curriculum Vitae ■

[Choose File] No file chosen

Research Interests

Please provide up to 6 keywords or phrases describing your research interests (e.g., Nutrition, Epigenetics, Health Care Delivery, Data Science, Health Disparities).

Research Interests ■

1. [_____]
2. [_____]
3. [_____]
4. [_____]
5. [_____]
6. [_____]

[< Previous] [Next >]   [Save & Exit]

CV link:
https://cpfp.cancer.gov/fellowship-program/application-guidelines/information-include-curriculum-vitae

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How Did You Hear About the CPFP?

How did you hear about the NCI's Cancer Prevention Fellowship Program?

- Choose as many as apply.
- No information included in this section will be provided to the reviewers for evaluation.
- You will NOT be evaluated on the information that you provide in this section.

■ = required field

How Did You Hear About the CPFP?

☐ Internet Search (e.g. Google, Yahoo, BING)   (please specify) [   ]

☐ Social Media (e.g., Twitter, Facebook, LinkedIn)   (please specify) [   ]

☐ Friend or Peer   (please list name(s)) [   ]

☐ Advisor or Professor   (please list name(s)) [   ]

☐ Received an E-mail directly from the CPFP

☐ An E-mail from the CPFP was forwarded to me   (please indicate by whom) [   ]

☐ Received a Postal Mailing

☐ Scientific Meeting   (please indicate which meeting) [   ]

☐ Career Fair   (please indicate which career fair) [   ]

☐ Job Search Website   (please indicate which website) [   ]

☐ University Career Services Office   (please indicate which university) [   ]

☐ Other   (please describe) [   ]

< Previous   Next >   Save & Exit

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[< Previous] [Next >]
[Save & Exit]

Feedback

We welcome your feedback about the *application process*.

- Do NOT include any additional information about yourself. That information should be included in your *curriculum vitae*.
- No information included in this section will be provided to the reviewers for evaluation.
- You will NOT be evaluated on the information that you provide in this section.

Feedback

[   ]

[< Previous] [Next >]   [Save & Exit]

NATIONAL CANCER INSTITUTE
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Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

- The deadline for submitting your application is on or before **11:59 PM, August 17, 2020 U.S. Eastern Daylight Time.**
- The deadline for submitting all supporting documentation is on or before **11:59 PM, August 24, 2020 U.S. Eastern Daylight Time.**

Technical Support is now available on Monday - Friday, from 9:00 am to 5:00 pm U.S. Eastern Daylight Time. For support, please contact us at cpfp@imsweb.com.

| Overview | Application | References | Assurance Letters | Employment |

Overview

Your fellowship application portfolio is **INCOMPLETE**. The following items are required of ALL applicants.

Item	Status
Online Application. You must provide your contact information, US citizenship status, educational history, and unofficial academic transcripts. Additionally, you must upload your personal statement of research goals and your *curriculum vitae* as indicated in the application. *Go to the Application to edit and submit your application.*	**Not Submitted**
Letters of Reference. You must request current and original letters of reference from four individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, skills, and potential for leadership. Letters of reference from peers are discouraged. If more than four letters are received, only the first four letters will be reviewed. *Go to the References tab to request letters of reference. You may request letters of reference even before your application has been submitted.*	0/4 received

The following items may be required, depending on your situation.

Item	Status
Letter of Assurance (Doctoral degree candidates only). - If you are currently enrolled in an accredited doctoral degree program but have not yet fulfilled all degree requirements, you must submit a letter assuring that all degree requirements will be completed before the start of the CPFP, June 2021. - You must request the Letter of Assurance from either the chair of your dissertation committee (e.g., PhD candidates) or the dean of the school (e.g., MD candidates). *Go to the Assurance Letters tab to request a letter of assurance. You may request a Letter of Assurance even before your application has been submitted.*	0/1 received
Proof of Employment. - If you are applying through the Ireland-NCI Cancer Consortium, you must request a letter certifying proof of employment. - U.S. citizens and permanent residents of the United States are NOT required to submit proof of employment. - If you are applying through the FUNIN-NCI Partnership, you are NOT required to submit proof of employment. *Go to the Employment tab to request proof of employment. You may request proof of employment even before your application has been submitted.*	0/0 received

Home > View Application

Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

- The deadline for submitting your application is on or before 11:59 PM, August 17, 2020 U.S. Eastern Daylight Time.
- The deadline for submitting all supporting documentation is on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight Time.

Technical Support is now available on Monday - Friday, from 9:00 am to 5:00 pm U.S. Eastern Daylight Time. For support, please contact us at cpfp@imsweb.com.

| Overview | Application | References | Assurance Letters | Employment |

Application

You have provided all required information in your application. However, your application has NOT been submitted. Prior to submitting your application, we recommend that you:

- Review your application for completeness and correctness (including spelling, grammar, and proper capitalization).
- Edit your application to change any responses. You may edit the application until it is submitted.

You must submit your application on or before 11:59 PM, August 17, 2020 U.S. Eastern Daylight Time.

[Edit Application] **[Proceed to Submit Application]**

Contact Information
Title: Mr.
Name: Aaron Applicant
Degrees:

Gender:* Male
Race:* White, not of Hispanic origin
Birth Date:* January 1, 1980
Birth Place:*

Preferred Phone: 555-555-5555
Alternate Phone:
Fax:
Preferred E-mail: aaron.applicant@gmail.com
Alternate E-mail:

Home Address:
10 W. Patrick Street
Frederick, MD 21701

Work/School Address:
[Not currently employed or in graduate school]

Citizenship
Type: U.S. Citizen

Education
Degrees:
- PhD, exp May 2021, Harvard University, Boston, MA, *Major: Epidemiology*
  Transcript: *Transcript.docx*

NIH Postdoctoral Training: I have not received postdoctoral training at NIH.

Personal Statement
Filename: *Personal statement.docx*

Curriculum Vitae
Filename: *Curriculum-Vitae.docx*

Research Interests:
Nutrition
Epigenetics

How Did You Hear?*
Received an E-mail directly from the CPFP

Feedback*

Application NOT SUBMITTED

*No information included in this section will be provided to the reviewers for evaluation. You will NOT be evaluated on the information that you provide in this section.

Home > View Application > Submit Application

Contact Us | My Account | Logout (Aaron)

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

Application

Once you submit your application,

- You **WILL NOT** be able to change any responses to your application. Changes will not be accepted via either electronic or postal mail. Please review your application to be sure it is complete and correct before submitting.
- You **WILL** be able to update your address and your e-mail address on your My Account page.
- You **WILL** receive an e-mail confirming that your application has been received.

May we make your application available for review by NIH investigators if you are not selected to participate in the CPFP? ∎

- ○ Yes
- ○ No

By submitting this application, I declare that the information I have provided in this application is, to the best of my knowledge and belief, true, correct, and complete.

[Submit Application Now] [Cancel]

Contact Information

Title: Mr.
Name: Aaron Applicant
Degrees:

Gender:* Male
Race:* White, not of Hispanic origin
Birth Date:* January 1, 1980
Birth Place:*

Preferred Phone: 555-555-5555
Alternate Phone:
Fax:
Preferred E-mail: aaron.applicant@gmail.com
Alternate E-mail:

Home Address:
10 W. Patrick Street
Frederick, MD 21701

Work/School Address:
[Not currently employed or in graduate school]

Citizenship
Type: U.S. Citizen

Education
Degrees:
- PhD, exp May 2021, Harvard University, Boston, MA, *Major: Epidemiology*
  Transcript: *Transcript.docx*

NIH Postdoctoral Training: I have not received postdoctoral training at NIH.

Personal Statement
Filename: *Personal statement.docx*

Curriculum Vitae
Filename: *Curriculum-Vitae.docx*

Research Interests:
Nutrition
Epigenetics

How Did You Hear?*
Received an E-mail directly from the CPFP

5/15/2019

24

Application System

Contact Us | My Account | Logout (Aaron)

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

Letters of Reference

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- Before requesting a letter of reference, you should contact the individual to see if they will write a letter of reference for you. If so, have them add cpfp@imsweb.com to their e-mail contact list to be sure that they will receive the e-mail request from this website.

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- You will be notified by e-mail when a letter of reference has been received.

- If more than four letters are received, only the first four letters will be reviewed.

- **It is your responsibility to ensure that we have received your letters of reference on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.**

- Hide the instructions

Request a Letter of Reference

5/15/2019

25

Application System

Contact Us | My Account | Logout (Aaron)

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

Request a Letter of Reference

- Enter the name, e-mail, and address of the person from whom you are requesting a letter of reference.
- Be sure that you have asked this individual to add cpfp@imsweb.com to their e-mail contact list.
- Click Request to send an e-mail request to the designated individual.

■ = required field

Title ■ [▼]   First Name ■ [   ]   Middle Name [   ]   Last Name ■ [   ]   Suffix [▼]

Degrees [   ]

E-mail ■ [   ]   Verify Email ■ [   ]

Job Title [   ]

Institution [   ]   Department [   ]

Address ■
[   ]
[   ]
[   ]
[   ]

City ■ [   ]   State/Province [▼]   Zip/Postal Code [   ]

Country ■ [   ]

[Request] [Cancel]   ? What happens when I request this?

Lookup Values:
Title: Mr., Ms., Dr.
Suffix: Sr., Jr., III, IV, V
State/Province:
- U.S. states
- U.S. territories
- Canadian provinces

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Application System

Home > Reference Letters

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

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- It is your responsibility to ensure that we have received your letters of reference on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.

- Hide the instructions

Request a Letter of Reference

Requested

1. **Rhonda Referee, PhD**
   rhonda.referee@harvard.edu
   Professor
   School of Public Health
   Harvard University
   677 Huntington Avenue
   Boston, MA 02115
   reference letter originally requested on 5/13/2019 at 11:17 AM EDT [resend request]
   [withdraw]

CPFP Home | Accessibility | FOIA | Privacy Policy | Contact Us

U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

NIH...Turning Discovery Into Health®

Application System

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Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

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- It is your responsibility to ensure that we have received your letters of reference on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.

- Hide the instructions

Request a Letter of Reference

Received

1. **Rhonda Referee, PhD**
   rhonda.referee@harvard.edu
   Professor
   School of Public Health
   Harvard University
   677 Huntington Avenue
   Boston, MA 02115
   *Reference Letter.pdf was submitted by **Rhonda Referee (rhonda.referee@harvard.edu)** on 5/13/2019 at 12:11 PM EDT*

Application System

Home > Assurance Letters

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

Letters of Assurance

Does this apply to me?

- If you are currently enrolled in an accredited doctoral degree program but have not yet fulfilled all degree requirements, you must request a letter assuring that all degree requirements will be completed before the start of the CPFP, June 2021.

If this applies to me, what do I do now?

- Identify who will write the letter of assurance. We ask that the Chair of your dissertation committee (e.g., PhD candidates) or the Dean of the school (e.g., MD candidates) write the letter.
- Contact the individual to see if they will write the letter of assurance for you. If so, have them add cpfp@imsweb.com to their e-mail contact list to be sure that they will receive the e-mail request from this website.
- Request the Letter of Assurance from this page.
- You may request the Letter of Assurance BEFORE your application has been submitted.
- You will be notified by e-mail when the Letter of Assurance has been received.
- **It is your responsibility to ensure that we have received your Letter of Assurance on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.**

- Hide the instructions

Request a Letter of Assurance

Pending Degrees Requiring A Letter of Assurance

- **Harvard University, Boston, MA**
  - PhD, exp May 2021, Harvard University, Boston, MA, *Major: Epidemiology*

Application System

Contact Us | My Account | Logout (Aaron)

Fellowship Application Portfolio

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| Overview | Application | References | **Assurance Letters** | Employment |

Request Letter of Assurance

- Enter the name, e-mail, and address of the person from whom you are requesting a Letter of Assurance.
- Be sure that you have asked this individual to add cpfp@imsweb.com to their e-mail contact list.
- Click Request to send an e-mail request to the designated individual.

■ = required field

Title ■	First Name ■	Middle Name	Last Name ■	Suffix
▼				▼

Degrees

E-mail ■   Verify Email ■

Job Title

Institution   Department

Address ■

City ■   State/Province   Zip/Postal Code
▼

Country ■

Request | **Cancel**

? What happens when I request this?

Lookup Values:
Title: Mr., Ms., Dr.
Suffix: Sr., Jr., III, IV, V
State/Province:
- U.S. states
- U.S. territories
- Canadian provinces

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Cancer Prevention Fellowship Program

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- Hide the instructions

Request a Letter of Assurance

Pending Degrees Requiring A Letter of Assurance

- Harvard University, Boston, MA
  - PhD, exp May 2021, Harvard University, Boston, MA, *Major: Epidemiology*

Requested

1. **Alice Advisor, PhD**
   alice.advisor@harvard.edu
   Professor
   School of Public Health
   Harvard University
   677 Huntington Avenue
   Boston, MA 02115
   assurance letter originally requested on 5/13/2019 at 11:25 AM EDT [resend request]
   [withdraw]

Application System

Home › Assurance Letters

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | Employment |

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Pending Degrees Requiring A Letter of Assurance

- Harvard University, Boston, MA
  - PhD, exp May 2021, Harvard University, Boston, MA, *Major: Epidemiology*

Received

1. **Alice Advisor, PhD**
   alice.advisor@harvard.edu
   Professor
   School of Public Health
   Harvard University
   677 Huntington Avenue
   Boston, MA 02115
   Assurance Letter.pdf was submitted by ***Alice Advisor (alice.advisor@harvard.edu)*** *on 5/13/2019 at 1:53 PM EDT*

Application System

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | **Employment** |

Proof of Employment

Does this apply to me?

- If you are applying through the Ireland-NCI Cancer Consortium, you must request a letter certifying proof of employment.
- U.S. citizens and permanent residents of the United States are NOT required to submit proof of employment.
- If you are applying through the FUNIN-NCI Partnership, you are NOT required to submit proof of employment.

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Request Proof of Employment

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Cancer Prevention Fellowship Program

Application System

Contact Us | My Account | Logout (Aaron)

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- Click Request to send an e-mail request to the designated individual.

■ = required field

Title ■   First Name ■   Middle Name   Last Name ■   Suffix
[▼]   [   ]   [   ]   [   ]   [▼]

Degrees
[   ]

E-mail ■   Verify Email ■
[   ]   [   ]

Job Title
[   ]

Institution   Department
[   ]   [   ]

Address ■
[   ]
[   ]
[   ]
[   ]

City ■   State/Province   Zip/Postal Code
[   ]   [▼]   [   ]

Country ■
[   ]

[Request] [Cancel]   ? What happens when I request this?

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U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

NIH...Turning Discovery Into Health®

Lookup Values:
Title: Mr., Ms., Dr.
Suffix: Sr., Jr., III, IV, V
State/Province:
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- Canadian provinces

Application System

Home > Proof of Employment

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- Hide the instructions

Request Proof of Employment

Requested

1. **Ellen Employer**
   ellen.employer@company.com
   Supervisor
   Company, Inc.
   10 Eastern Boulevard
   Anywhere, MD 20800
   proof of employment originally requested on 5/13/2019 at 11:33 AM EDT [resend request]
   [withdraw]

Application System

Contact Us | My Account | Logout (Aaron)

Fellowship Application Portfolio

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| Overview | Application | References | Assurance Letters | **Employment** |

Proof of Employment

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- Hide the instructions

Request Proof of Employment

Received
1. **Ellen Employer**
   ellen.employer@company.com
   Supervisor
   Company, Inc.
   10 Eastern Boulevard
   Anywhere, MD 20800
   Proof of Employment.pdf was submitted by Ellen Employer (ellen.employer@company.com) on 5/13/2019 at 1:59 PM EDT

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Cancer Prevention Fellowship Program

Application System

Home > **Supplement**

Fellowship Application Portfolio

| Overview | Application | References | Assurance Letters | Employment | Supplement |

Supplemental Information

Congratulations on being selected to interview for the Cancer Prevention Fellowship Program. Please upload a recent passport-sized photograph of yourself to help us identify you during the interview process.

■ = required field

Photograph ■

[Choose File] No file chosen

[**Submit Photo**]

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U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

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Application System

Contact Us | My Account | Logout (Aaron)

My Account

■ = required field

Name

Title	First Name ■	Middle Name	Last Name ■	Suffix	Degrees
Mr. ▼	Aaron		Applicant	▼	

The following information is maintained at the IMS Login Service:
Name: Aaron Applicant
E-mail: aaron.applicant@gmail.com
Edit

Home Address

Address ■
10 W. Patrick Street

City ■	State/Province ■	Zip/Postal Code ■
Frederick	Maryland ▼	21701

Country ■
USA

Work/School Address

Are you currently employed or in graduate school? ▼
◉ Yes
○ No

Position Title ■

Employer/School ■

Department/Division

Address ■

City ■	State/Province ■	Zip/Postal Code ■
	▼	

Country ■

Contact Information

Preferred Phone	Alternate Phone	Fax
555-555-5555		

Preferred E-mail
aaron.applicant@gmail.com

New Preferred Email	Verify New Preferred E-mail

Alternate E-mail

Update Information

Lookup Values:
Title: Mr., Ms., Dr.
Suffix: Sr., Jr., III, IV, V
State/Province:
• U.S. states
• U.S. territories
• Canadian provinces

38

Contact Us

For more information, please contact us using the form below.

FELLOWSHIP PROGRAM CONTACT

Program Coordinator
Cancer Prevention Fellowship Program
National Cancer Institute, NIH
9609 Medical Center Drive
Room 2W-136 MSC 9712
Bethesda, MD 20892-9712
Phone: (+1) 240-276-5626
Fax: (+1) 240-276-7883
Email: cpfpcoordinator@mail.nih.gov

SUMMER CURRICULUM CONTACT

Summer Curriculum Coordinator
Cancer Prevention Fellowship Program
National Cancer Institute, NIH
9609 Medical Center Drive
Room 2W-136 MSC 9712
Bethesda, MD 20892-9712
Phone: (+1) 240-276-5626
Fax: (+1) 240-276-7883
Email: NCISummerCurriculum@nih.gov

▪ = required field

Name ▪

[   ]

E-mail ▪

[   ]

Type ▪

[Please Select...   ▼]

Subject ▪

[   ]

Comment or Question ▪

[   ]

Send Cancel

Lookup values for drop-down:
Fellowship Program
Summer Curriculum

39

Application System

Policies

Privacy Policy

The following is the Privacy Act Notification Statement for the Cancer Prevention Fellowship Program (CPFP), National Cancer Institute, NIH, DHHS

1. **Government Authorization for the CPFP is as follows:**
   - **Purpose**

     Cancer prevention and control is defined as the reduction of cancer incidence, morbidity, and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad systematic application of the research results. The National Cancer Institute's aim is to reduce the rate of cancer incidence, morbidity, and mortality in the whole population. Achievement of a reduction in cancer mortality rates mandates that scientists and health workers from relevant disciplines and fields be appropriately trained in cancer prevention and control research and applications. The Cancer Prevention Fellowship Program (CPFP) and NCI Summer Curriculum in Cancer Prevention have been developed to provide scientists and other health professionals with advanced training and practical research experiences in cancer prevention and control.

     These training programs are authorized by Section 413(b)(3) of the Public Health Service Act, 42 U.S.C. 285a-2(b)(3) as modified by the Health Research Extension Act of 1985 pertaining to the NCI, which states that the Director of the Institute shall" ...support appropriate programs of education and training (including continuing education and laboratory and clinical research training)," and Section 412(2), 42 U.S.C. 285a-1(2) which specifically requires that programs be established for "...the demonstration of and the education of students of the health professions and health professionals in..." areas related to cancer prevention and control.
   - **Rationale/Justification:**

     Development of these training programs is mandated by an insufficient number of physicians and scientists who are specifically trained for and prepared to devote their efforts to cancer prevention and control research and practice. While some states, cancer centers, and academic institutions are allocating funds for cancer programs, trained personnel to conduct these initiatives are sorely lacking. Increased technological breakthroughs in epidemiological, basic, and clinical research demand that experienced personnel be in place to build on this explosion of basic knowledge and to research its applicability to cancer prevention and control to reduce disease rates in human populations. At present, academic institutions do not offer specific and/or in-depth training of more that short-term duration in cancer prevention and control and only sporadic workshops and symposia have been developed. The Cancer Prevention Fellowship Program and NCI Summer Curriculum in Cancer Prevention are designed to address this need and expects to train highly qualified physicians and other doctoral level scientists and to promote their introduction to the field of cancer prevention and control.
2. **Purpose of Information Collection**

   The primary use of this information collection is to evaluate an applicant's qualifications for training at the National Cancer Institute's Cancer Prevention Fellowship Program and NCI Summer Curriculum in Cancer Prevention and to process the applications.
3. **Routine Uses for Information Disclosure**
   - In rare circumstances, information may be used to respond to congressional inquiries regarding constituents who have applied to the Cancer Prevention Fellowship Program or NCI Summer Curriculum in Cancer Prevention.
   - Information may be used to respond to hospitals and other healthcare organizations seeking verification of training for physicians and other scientists who enroll in the Cancer Prevention Fellowship Program or NCI Summer Curriculum in Cancer Prevention.
   - Some requested information will be used for internal program evaluation -- to improve the program and the application process -- and will not be used in the evaluation of the applicant. Information that will not be used in applicant evaluation is indicated in the online application.
4. **Is the request voluntary or mandatory?**

   Application for this program is voluntary; however, for us to process your application, you must complete the required fields.

Related Policies

- Disclaimer of Endorsement and Liability