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## NIH/NHMA Academic Career Fellow Travel Awards

[Application](#)[Manage Account](#)OMB #0925-0748  
Expiration Date 12/2019

### NIH/National Hispanic Medical Association (NHMA) Academic Career Fellow Travel Awards 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 208927974, ATTN: PRA (0925-0748). Do not return the completed form to this address.

## Manage Account

### Log in with your email address and password

Log in

Email Address

Password

[Create an account](#)[I forgot my password](#)

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## NIH/NHMA Academic Career Fellow Travel Awards

Application

Manage Account

## Create an account

## Account Setup - User Information

Salutation \* First Name Middle Name \* Last Name Email Address \* Confirm Email Password 

Password must be at least eight (8) characters long,  
and must contain an uppercase letter,  
a numeric character  
and a special character (! # \$ % - \_ = + < > \*)

\* Confirm password 

## Security Questions

\* Security Question 1 \* Your Answer \* Security Question 2 \* Your Answer \* Security Question 3 \* Your Answer [Create Account](#)

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[Contact Info](#) [Demographic Info](#) [Career Info](#) [CV](#) [Personal Statement](#)

## Contact Information

Email

\* Current Institution/Employer at the time of the NIDDK/NHMA program?

Salutation

First Name

Middle Name

Last Name

\* Degree(s) (Select all that apply)

- |                                 |                                   |                                  |
|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Ph.D.  | <input type="checkbox"/> Pharm.D. | <input type="checkbox"/> Dr.P.H. |
| <input type="checkbox"/> Dr.Ed. | <input type="checkbox"/> D.D.S.   | <input type="checkbox"/> M.P.H.  |
| <input type="checkbox"/> M.P.P. | <input type="checkbox"/> M.H.S.   | <input type="checkbox"/> M.S.    |
| <input type="checkbox"/> M.S.N. | <input type="checkbox"/> M.S.P.H. | <input type="checkbox"/> M.Ed.   |
| <input type="checkbox"/> M.D.   | <input type="checkbox"/> D.O.     | <input type="checkbox"/> M.B.A.  |
| <input type="checkbox"/> M.A.   | <input type="checkbox"/> J.D.     | <input type="checkbox"/> D.V.M.  |
| <input type="checkbox"/> D.Sc.  | <input type="checkbox"/> B.S.N.   | <input type="checkbox"/> Other   |

## Permanent Address

\* Address Line 1

Address Line 2

\* City

\* State

-- Select State --

\* Zip Code

\* Phone

## Organization Address

\* Organization

\* Organization Address Line 1

Organization Address Line 2

\* Organization City

\* Organization State

-- Select State --

\* Organization Zip Code

\* How did you hear about this opportunity?

-- Select One --

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### Demographic Info

\* Gender

-- Select Gender --

\* Citizenship Status

-- Select Citizenship Status --

Do you have a part-time or full-time federal position or appointment?

☐ Yes ☒ No

Are you a part of a training program that is part of the National Institutes of Health or other federal agency?

☐ Yes ☒ No

Are you Hispanic or Latino?

☐ Yes ☒ No

\* Race

-- Select Race --

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### Career Information

Are you a member of National Hispanic Medical Association? ☐ Yes ☒ No

Are you interested in joining? ☐ Yes ☒ No

▪ Indicate your Career Status

▪ Post Graduate Year

▪ What is your Specialty?

▪ What is your Secondary Specialty?

▪ Have you previously applied for NIH funding? ☐ Yes ☒ No

eRA Commons User ID  
(NIH Grant Recipient Identifier)

Provide a letter of support from the Chairperson or Director of the Training Program indicating how the applicant will continue to be supported in their pursuit of a career in academic medicine if selected.

▪ Attach Letter

No file chosen

Letter of Support must be in Microsoft Word or PDF format and shouldn't be larger than 5MB in size.

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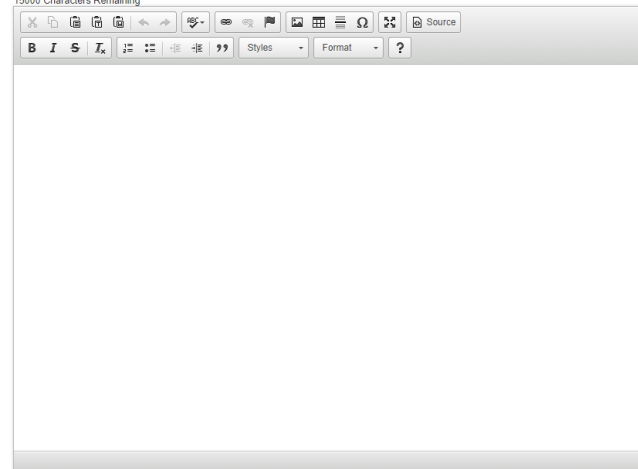
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## CV

★ Use the editor below to create a curriculum vitae (CV), using the format in the provided [template](#) (PDF; 53 KB)  .  
Max characters, including spaces: 15000

In the editor, you can press **Alt+0** to open up the **Accessibility Instructions** dialog.

15000 Characters Remaining

[← Previous](#)

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### Personal Statement

★ Enter your personal statement in the editor below.  
Min characters, including spaces, required: 400  
Max characters, including spaces: 15000

In the editor, you can press **Alt+0** to open up the **Accessibility Instructions** dialog.

15000 Characters Remaining

A rich text editor interface with a toolbar at the top containing icons for undo, redo, bold, italic, underline, strikethrough, bulleted list, numbered list, link, unlink, insert image, table, source code, and a help icon. Below the toolbar is a large, empty text area for entering the personal statement.

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[Submit](#)

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