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NIH/NHMA Academic Career Fellow Travel Awards

Application

Manage Account

OMB #0925-0748
Expiration Date 2/2023

NIH/National Hispanic Medical Association (NHMA) Academic Career Fellow Travel Awards Application

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Manage Account

Log in with your email address and password

Log in

Email Address

Password

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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

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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

* Zip Code

* Phone

Organization Address

* Organization

* Organization Address Line 1

Organization Address Line 2

* Organization City

* Organization State

* Organization Zip Code

* How did you hear about this opportunity?

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Demographic Info

Gender

Female ▼

Citizenship Status

Permanent Resident ▼

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 -- ▼

-- Select Race --

African American/Black

American Indian/Alaskan Native

Asian

White

Native Hawaiian/Pacific Islander

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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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Contact Info Demographic Info Career Info **CV** Personal Statement

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 4 of 5 Save and Continue Save For Later

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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

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[Submit](#)

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