



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

TRAINEESHIP APPLICATION

Form Approved: OMB No. 0910-XXXX
Expiration Date: Month XX, 20XX
See PRA Statement at the End of Checklist
Date of Submission (mm/dd/yyyy)

Please gather the following items BEFORE applying to the FDA Traineeship Program. Late and/or incomplete applications will not be considered.

- Please review our program website for the:
 - Online Application Instructions
 - Applicant Online Application User Guide
 - General applicant eligibility criteria for students, post-doctoral, and other scientists.
 - See our frequently asked questions (FAQs) for more information.

REVIEW ASSIGNMENTS

- ☐ Go to the Program online application website. Look at the available assignments that are open to apply to and select those that may interest you.
- ☐ Please give attention to the eligibility requirements for each assignment.

GATHER APPLICATION MATERIALS

- ☐ Electronic copy of your Resume/CV in PDF format only.
- ☐ Two references and their contact information.
- ☐ Personal statement which outlines both your educational and professional experience, as well as what has driven you to apply to the FDA's Traineeship Program. Address what you would bring to the FDA and how you believe this Traineeship will help you reach your short- and long-term career goals. Please limit your statement to 3000 characters. Applicants will be able to submit different personal statements for each assignment that they apply to so that the personal statements can be tailored by the applicants for the assignments.
- ☐ Electronic copy of your transcripts in PDF format. Unofficial transcripts are acceptable only if your official transcripts are unavailable at the time of your application submission. **Considered applicants will be required to submit their official transcripts before they can be offered a start date.** 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. Official transcripts can be emailed to the program from academic institutions here: FDATraineeshipProgram@fda.hhs.gov If your academic institution does not send official transcripts via email, applicants must notify FDATraineeshipProgram@fda.hhs.gov to obtain the address to mail your official transcripts.
- ☐ If you are a student, in addition to your official transcript you need to send a letter on official letterhead from the academic institution stating that you are a student.
- ☐ If your academic institution does not send official transcripts via email, applicants must notify FDATraineeshipProgram@fda.hhs.gov to obtain the address to mail your official transcripts.

GATHER CITIZENSHIP DOCUMENTS

- ☐ Green Card number, expiration date, and a scanned image of the card that can be uploaded, if you are not a U.S. Citizen.
- ☐ Non-U.S. citizen applicants must have resided in the U.S. for three of the last five years at the time that their applications are submitted.

Contact us: Please contact the program coordinators at: FDATraineeshipProgram@fda.hhs.gov with questions or concerns.

NOTES

- ☐ Do not include your Social Security Number on any of your application materials.
- ☐ Files over 20 MB cannot be uploaded into the application.
- ☐ The Program is not responsible for technical issues unrelated to the application database that may result in a late or incomplete application.
- ☐ The application will reset if you leave the screen idle for 120 minutes.
- ☐ Applicants will be able to save, exit, and return to their application/applicant online profile. Applicants will be able to review their applications to each assignment before submission and will be able to view records of all the applications that they have submitted.
- ☐ When an applicant submits a complete application, the system will provide a confirmation number and send application submission confirmation emails. Applicants should retain the confirmation numbers and application submission confirmation emails (one per assignment applied to).
- ☐ If you do not receive a confirmation within one day of submission, please email the program office.

I HAVE READ AND UNDERSTAND THE FDA'S TRAINEESHIP PROGRAM ONLINE APPLICATION CHECKLIST.

☐ Yes ☐ No

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PRIVACY ACT STATEMENT

Authority: The information collected in this form is provided to comply with the Privacy Act of 1974 for individuals seeking non-employee student, post-graduate or senior scientist training opportunities from the Food and Drug Administration authorized under section 746(b) of the Food, Drug and Cosmetics Act 21 U.S.C. ch. 9 § 301 et seq. This collection of information supports the necessary function of identifying, and evaluating students, fellows and trainees to accept and manage application materials, evaluate applicants for fellowship and traineeship training opportunities as well as accept applicants. FDA will disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to a judicial or administrative proceeding. Disclosure of information is voluntary. However, not providing this information will prevent the processing of your application. Additional details regarding FDA's use of information is available online: Privacy Act and Website Policies. Information is covered by OPM/GOVT-5 (Recruiting, Examining, and Placement Records).

PRA Info

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 15 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Operations
Paperwork Reduction Act (PRA) Staff
PRStaff@fda.hhs.gov

"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."

CITIZEN INFORMATION

- ☐ US Citizen
☐ Non Citizen
☐ Permanent Resident

IF NON-CITIZEN, HAVE YOU RESIDED IN THE US 3 OF THE LAST 5 YEARS?

- ☐ Yes ☐ No

GREEN CARD #	GREEN CARD EXPIRATION DATE	COUNTRY OF BIRTH

PERSONAL INFORMATION

FIRST NAME	MI	LAST NAME
PRIMARY PHONE	OTHER PHONE	EMAIL

Domestic Address

ADDRESS 1	ADDRESS 2		
CITY	STATE	COUNTY	ZIP CODE

International Address

COUNTRY		
ADDRESS 1	ADDRESS 2	
CITY	PROVINCE	POSTAL CODE

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EDUCATION**Education Type**

- | | | | |
|---|---|--|--|
| ☐ High School Student | ☐ Doctoral Student | ☐ Masters Degree | ☐ Certificate in Appropriate Program with Minimum 30 Credit hours |
| ☐ Undergraduate Student | ☐ High School Degree | ☐ Doctoral Degree | |
| ☐ Graduate Masters Student | ☐ College Degree | ☐ Post Doctorate | |

CERTIFICATE PROGRAM TITLE	DEGREE	DEGREE COMPLETED (mm/yyyy)

EXPERIENCE AFTER QUALIFYING DEGREE

COMPLETED OUTSIDE US

☐ Yes	Name of Institution	
☐ No	Name of Institution	

FIELD OF STUDY	CUMULATIVE GPA (Enter in format 9.99)

PERSONAL STATEMENT

Post-Grad Experience

PREVIOUS OR CURRENT EMPLOYER	PREVIOUS OR CURRENT EMPLOYER POSITION OF EMPLOYMENT

YEARS SINCE GRADUATED FROM HIGHEST DEGREE? (Must be a number)	FIELD OF INTEREST

REFERENCES

At least two reference are required for each Application, and no more than 3 are allowed.

Reference 1

TITLE	FIRST NAME	MI	LAST NAME
		MI = (Middle Initial) (Optional)	
COMPANY/ORGANIZATION	POSITION	RELATIONSHIP	YEARS KNOWN
			(Must be a number)
PRIMARY PHONE	OTHER PHONE	EMAIL	
ADDRESS 1		ADDRESS 2	
CITY	STATE	COUNTY	ZIP CODE
COUNTRY	PROVINCE (Optional)	POSTAL CODE (Optional)	
		Add Reference	Remove Reference

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MILITARY EXPERIENCE

ARE YOU A VETERAN OF THE US ARMED FORCES?

☐ Yes ☐ No

Optional Information

Information in this section is not required to submit your application. To complete the information in this section, enter the following:

1. RACE

☐ American Indian or Alaska Native

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Asian

☐ Hispanic/Latino

☐ White

2. GENDER

☐ Male

☐ Female

☐ No response.

3. HOW DID YOU HEAR ABOUT THE FDA'S TRAINEESHIP PROGRAM?

☐ "I verify that all the information is accurate and truthful."

SIGNATURE

PROOF