



## FDA Commissioner's Fellowship Program

### Commissioner Fellowship Program Checklist

Please gather the following items BEFORE applying for the Commissioner's Fellowship Program. Late and/or incomplete applications will not be considered.

- Green Card number if you are not a U.S. Citizen.
- Verification of foreign degree if your degree is completed outside of U.S. (Please visit [here](#) for more guidance). An electronic copy (PDF) is required.
- Electronic copy of your Resume/CV in Word, Word Perfect, or PDF.
- Three references and their contact information. These references will receive email notifications requesting them to submit their letters electronically. A personal e-mail address is required for each reference.
- Personal statement which outlines both your educational and professional experience, as well as what has driven you to apply to the FDA Commissioner's Fellowship Program. Address what you would bring to the FDA and how you believe this Fellowship will help you reach your short and long term career goals. Please limit your statement to one, single-spaced page, using a 12-point font.
- Electronic copy of your transcripts. Unofficial transcripts are acceptable. 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.
- Go to the [Commissioner's Fellowship Program website](#). Look at the proposed projects and select up to five. Write down the Preceptor names so that you can provide them during the application process. If a project has multiple Preceptors, you only need to list one of their names.

**NOTE:**

Do not include your Social Security Number on any of your application materials.

Files over 20MB can not be uploaded into the application.

The Commissioner's Fellowship Program is not responsible for technical issues unrelated to the application database that may result in a late or incomplete application.

I have read and understand the Commissioner's Fellowship Program Checklist

### Complete Application

Username:  [Login](#)

Password:

[Forgot password.](#)

### Create Application

[New Applicant](#)

## FDA Commissioner's Fellowship Program

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- Personal statement which outlines both your educational and professional experience, as well as what has driven you to apply to the FDA Commissioner's Fellowship Program. Address what you would bring to the FDA and how you believe this Fellowship will help you reach your short and long term career goals. Please limit your statement to one, single-spaced page, using a 12-point font.
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I have read and understand the Commissioner's Fellowship Program Checklist

### Complete Application

 Username:  [Login](#)

 Password: 
[Forgot password.](#)

### Create Application

[New Applicant](#)

## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

### \*Citizenship

U.S. Citizen:

Non-Citizen National of U.S.:

Permanent Resident:

NOTE: Qualified Applicants must have one of the above designations.

### Degree

Type:   Degree: \*   Completed: \*   *mm/dd/yyyy*

Experience after qualifying degree: \*

Completed Outside U.S.:

NOTE: All degrees must be completed by August 31st of the current year.

NOTE: If degree completed outside of U.S., you will be asked to attach verification of foreign degree later.

NOTE: If you have more than one degree, please select the one that is the highest or the most relevant to this application.

### \*Federal Employment

Federal Government Employee:

[Next](#)

1 of 5

\*Indicates required field/section



## FDA Commissioner's Fellowship Program

Save Cancel Help

### \*Citizenship


U.S. Citizen:

Non-Citizen National of U.S.:

Permanent Resident:

NOTE: Qualified Applicants must have one of the above designations.

### Degree

Type:  Degree: \*  Completed: \*   *mm/dd/yyyy*

Experience after qualifying degree: \*

Completed Outside U.S.:

NOTE: All degrees must be completed by August 31st of the current year.

NOTE: If degree completed outside of U.S., you will be asked to attach verification of foreign degree later.

NOTE: If you have more than one degree, please select the one that is the highest or the most relevant to this application.

### \*Federal Employment

Federal Government Employee:

Next

1 of 5

\*Indicates required field/section



## FDA Commissioner's Fellowship Program

Save Cancel Help

### \*Citizenship

U.S. Citizen: Yes

Non-Citizen National of U.S.: No

Permanent Resident: No

NOTE: Qualified Applicants must have one of the above designations.

### Degree

Type:  Advanced  Degree: \*  Ph.D.  Completed: \*   *mm/dd/yyyy*

Experience after qualifying degree: \*  1 - 2

Completed Outside U.S.: No

NOTE: All degrees must be completed by August 31st of the current year.

NOTE: If degree completed outside of U.S., you will be asked to attach verification of foreign degree later.

NOTE: If you have more than one degree, please select the one that is the highest or the most relevant to this application.

### \*Federal Employment

Federal Government Employee: Yes

Department:

Next

\*Indicates required field/section

## FDA Commissioner's Fellowship Program

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### \*Citizenship

U.S. Citizen: Yes

Non-Citizen National of U.S.: No

Permanent Resident: No

NOTE: Qualified Applicants must have one of the above designations.

### Degree

Type: Advanced Degree: \* Ph.D. Completed: \* 05/01/2009

Experience after qualifying degree: \* 1 - 2

Completed Outside U.S.: No

NOTE: All degrees must be completed by August 31st of the current year.

NOTE: If degree completed outside of U.S., you will be asked to attach verification of foreign degree later.

NOTE: If you have more than one degree, please select the one that is the highest or the most relevant to this application.

### \*Federal Employment

Federal Government Employee: Yes

Department: HEALTH AND HUMAN SERVICES, DEPARTMENT OF

HHS Agency: National Institutes of Health

Next

1 of 5

\*Indicates required field/section



## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

### Personal Information

\*First Name:

Middle Initial:

\*Last Name:

### Address

International

\*Address 1:

Address 2:

\*City:

\*State:

\*Zip Code:

\*Primary Phone:

max 16 characters

Other Phone:

max 16 characters

\*E-Mail:

\*Confirm E-Mail:



## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

### Personal Information

\* First Name:

Middle Initial:

\* Last Name:

### Address

International

\* Address 1:

Address 2:

\* City:

Province:

Postal Code:

\* Country:



\* Primary Phone:

max 16 characters

Other Phone:

max 16 characters

\* E-Mail:

\* Confirm E-Mail:



## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

### \*Field of Interest

Agricultural Sciences Analytical Chemistry Aquaculture Biochemistry Biology	▲ ☰ ▼	▶ ◀
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NOTE: You must select at least one and up to five fields of interest.

### Attachments

*Personal Statement:	<input type="text"/>	<a href="#">Browse...</a>
*Resume/CV:	<input type="text"/>	<a href="#">Browse...</a>
*Transcripts:	<input type="text"/>	<a href="#">Browse...</a>

NOTE: Do NOT include your Social Security Number on your resume.

### \*Preliminary Preceptor Selection

ABBAN, JOSEPH ABEL, B. NICHOLAS ADAMS, M. ANN ADAMS, M. ANN ADAMS, M. BRENDA ADAMS, N. GLORIA ADAMS, M. KATHLEEN ADAMS, D. KIMBERLY ADAMS, D. KIMBERLY APPLGATE, E. KIMBERLY	▲ ☰ ▼	▶ ◀
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▲  
▲  
▼  
▼

NOTE: If placed, you will be asked to live within commuting distance of your Preceptor's facility.

NOTE: You must select at least one and up to five Preceptors. Please arrange the selected Preceptors in order of preference, the first being the most preferred.

## FDA Commissioner's Fellowship Program

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### \*Field of Interest

- Oncology
- Ophthalmic and ENT Devices
- Organic Chemistry
- Orthopedic Surgery
- Orthopedics

Nutrition

NOTE: You must select at least one and up to five fields of interest.

### Attachments

\*Personal Statement:

\*Resume/CV:

\*Transcripts:

NOTE: Do NOT include your Social Security Number on your resume.

### \*Preliminary Preceptor Selection

- ASHTON, M. SARA
- BAAS, D. CALVIN
- BAAS, KATIE
- BELL, E. KIM
- BRADBURY, R. BARBARA
- BRINDISI, M. FRANCIS
- BRINDZA, A. GEORGE
- BRODERICK, L. BRIANNA
- BROWN, A. ABRAM
- BROWN, ANGELINA

APPLEGATE, E. KIMBERLY

NOTE: If placed, you will be asked to live within commuting distance of your Preceptor's facility.

NOTE: You must select at least one and up to five Preceptors. Please arrange the selected Preceptors in order of preference, the first being the most preferred.

## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

- Reference 1		<input type="checkbox"/> International
Title:	<input type="text"/>	
*First Name:	<input type="text"/>	MI: <input type="text"/> *Last Name: <input type="text"/>
*Company/Organization:	<input type="text"/>	*Position: <input type="text"/>
*Relationship to Applicant:	<input type="text"/>	
*Years Known:	<input type="text"/>	
*Address1:	<input type="text"/>	
Address2:	<input type="text"/>	
*City:	<input type="text"/>	
*State:	<input type="text"/>	*Zip Code: <input type="text"/>
*Primary Phone:	<input type="text"/>	<small>max 16 characters</small>
Other Phone:	<input type="text"/>	<small>max 16 characters</small>
*E-Mail:	<input type="text"/>	
+ Reference 2		<input type="checkbox"/> International
+ Reference 3		<input type="checkbox"/> International

NOTE: References will be given directions on how to submit their reference letter upon completion of your application.

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\*Indicates required field/section

## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

<input type="checkbox"/> International
<input type="checkbox"/> International
<input type="checkbox"/> International
Title: <input type="text"/>
*First Name: <input type="text" value="First"/> MI: <input type="text"/> *Last Name: <input type="text" value="Last"/>
*Company/Organization: <input type="text" value="Company"/> *Position: <input type="text" value="Position"/>
*Relationship to Applicant: <input type="text" value="Other"/>
*Years Known: <input type="text" value="3"/>
*Address1: <input type="text" value="Address"/>
Address2: <input type="text"/>
*City: <input type="text" value="City"/>
*State: <input type="text" value="Montana"/>
*Zip Code: <input type="text"/>
*Primary Phone: <input type="text" value="1234567890"/> <small>max 16 characters</small>
Other Phone: <input type="text"/> <small>max 16 characters</small>
*E-Mail: <input type="text" value="t.t@t.tst"/>

NOTE: References will be given directions on how to submit their reference letter upon completion of your application.

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## FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

### Optional Information

Race: Gender: 

NOTE: FDA appreciates your assistances in helping to ensure diversity by completing the optional information.

Please check this box if you would like to receive information about other FDA fellowship or employment opportunities.

How did you hear about Commissioner's Fellowship Program?

[Review Application](#)[Submit Application](#)

NOTE: You will not be able to change your data after submitting application. Please select the Save link if you want to save data and complete the application later.

NOTE: To review your information prior to submitting your application select the [Review Application](#) link to open the Review Information Page.

## FDA Commissioner's Fellowship Program

[Save Current Data](#)

### Optional Information

Race: Gender: 

NOTE: FDA appreciates your assistances in helping to ensure diversity.

 Please check this box if you would like to receive information about other FDA fellowship or employment opportunities.

How did you hear about Commissioner's Fellowship Program?



### Warning!

You won't be able to change data after submitting the form. Do you want to proceed?

[Review Application](#)[Submit Application](#)

NOTE: You will not be able to change your data after submitting application. Please select the Save link if you want to save data and complete the application later.

NOTE: To review your information prior to submitting your application select the [Review Application](#) link to open the Review Information Page.


[Print](#) [Close](#)

## General

### Citizenship

US Legal Status:	US Citizen
Green Card Number:	A# N/A
Exp. Date:	N/A

### Degrees

Degree	Completed Date	Years of Exp.
Ph.D.	05/01/2009	1 - 2 years

### Federal Employment

Federal Employee:	Yes	Department:	HEALTH AND HUMAN SERVICES, DEPARTMENT OF	HHS Agency:	National Institutes of Health
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## Personal

First Name:	Jeff	Address 1:	1234 Street
Middle Initial:		Address 2:	
Last Name:	Rexroad	City:	City
Primary Phone:	1112223333	State:	MD
Other Phone:		Zip Code:	12345
Email:	tt@t.tst		

## Interests

### Fields of Interest

Nutrition
-----------

### Attachments

Cover Letter:	H:\My Documents\Fax cover sheet.doc
Resume:	H:\My Documents\Fax cover sheet.doc
Transcripts:	H:\My Documents\Fax cover sheet.doc
Verification of Foreign Degree:	N/A

### Preceptors

Choice 1:	APPLEGATE, E. KIMBERLY
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## References

### Reference 1

Title:		Company:	Company
First Name:	Ref	Position:	Position
Middle Initial:		Rel. to Applicant:	Other
Last Name:	Name	Years Known:	5
Primary Phone:	1234567890	Address1:	Address
Other Phone:		Address2:	
Email:	tt@t.tst	City:	City
		State:	ME
		Zip Code:	12345

### Reference 2

Title:		Company:	Company
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Verification of Foreign Degree: **N/A****References****Reference 1**

Title:	
First Name:	<b>Ref</b>
Middle Initial:	
Last Name:	<b>Name</b>
Primary Phone:	<b>1234567890</b>
Other Phone:	
Email:	<b>tt@t.tst</b>

Company:	<b>Company</b>
Position:	<b>Position</b>
Rel. to Applicant:	<b>Other</b>
Years Known:	<b>5</b>
Address1:	<b>Address</b>
Address2:	
City:	<b>City</b>
State:	<b>ME</b>
Zip Code:	<b>12345</b>

**Reference 2**

Title:	
First Name:	<b>Ref</b>
Middle Initial:	
Last Name:	<b>Name</b>
Primary Phone:	<b>1234567890</b>
Other Phone:	
Email:	<b>tt@t.tst</b>

Company:	<b>Company</b>
Position:	<b>Position</b>
Rel. to Applicant:	<b>Other</b>
Years Known:	<b>3</b>
Address1:	<b>Address</b>
Address2:	
City:	<b>City</b>
State:	<b>ME</b>
Zip Code:	<b>12345</b>

**Reference 3**

Title:	
First Name:	<b>First</b>
Middle Initial:	
Last Name:	<b>Last</b>
Primary Phone:	<b>1234567890</b>
Other Phone:	
Email:	<b>tt@t.tst</b>

Company:	<b>Company</b>
Position:	<b>Position</b>
Rel. to Applicant:	<b>Other</b>
Years Known:	<b>3</b>
Address1:	<b>Address</b>
Address2:	
City:	<b>City</b>
State:	<b>MT</b>
Zip Code:	<b>12345</b>

**Optional Information**

Race:		Gender:	
Want to receive additional info about FDA fellowships and employment: <b>No</b>			
How did you hear about Commissioner's Fellowship Program:			



# Confirmation Number: FP1004280

[Print](#) [Close](#)

## General

### Citizenship

US Legal Status:	US Citizen		
Green Card Number:	A# N/A	Exp. Date:	N/A

### Degrees

Degree	Completed Date	Years of Exp.
Ph.D.	05/01/2009	1 - 2 years

### Federal Employment

Federal Employee:	Yes	Department:	HEALTH AND HUMAN SERVICES, DEPARTMENT OF	HHS Agency:	National Institutes of Health
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## Personal

First Name:	Jeff	Address 1:	1234 Street
Middle Initial:		Address 2:	
Last Name:	Rexroad	City:	City
Primary Phone:	1112223333	State:	MD
Other Phone:		Zip Code:	12345
Email:	tt@t.tst		

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