



NIH/NHMA Academic Career Fellow Travel Awards

Application

Manage Account

OMB #0925-0748
Expiration Date 8/2023

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

Log in

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

- | | | |
|---------------------------------|-----------------------------------|----------------------------------|
| ☐ Ph.D. | ☐ Pharm.D. | ☐ Dr.P.H. |
| ☐ Dr.Ed. | ☐ D.D.S. | ☐ M.P.H. |
| ☐ M.P.P. | ☐ M.H.S. | ☐ M.S. |
| ☐ M.S.N. | ☐ M.S.P.H. | ☐ M.Ed. |
| ☐ M.D. | ☐ D.O. | ☐ M.B.A. |
| ☐ M.A. | ☐ J.D. | ☐ D.V.M. |
| ☐ D.Sc. | ☐ B.S.N. | ☐ 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

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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Diabetes and Digestive
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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

-- Select Professional Status -- ▾

■ Post Graduate Year

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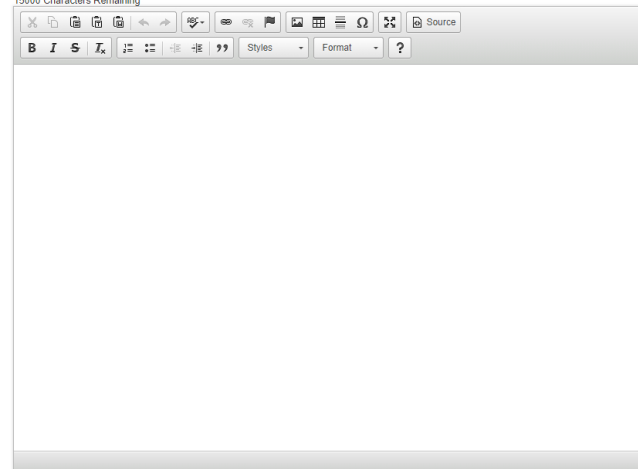
[Contact Info](#) [Demographic Info](#) [Career Info](#) **CV** [Personal Statement](#)

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

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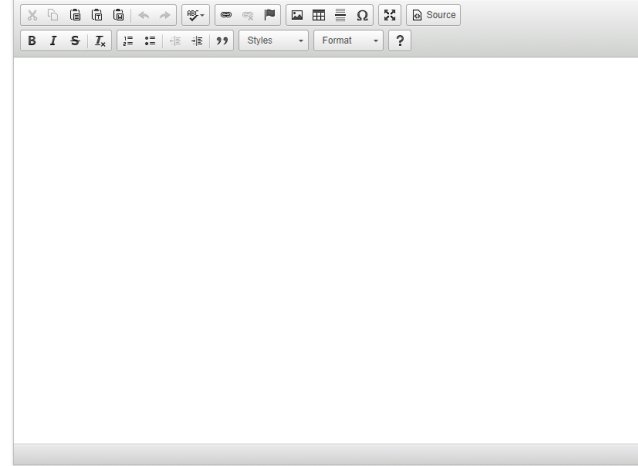
Please complete all of the sections to submit an application for NIH/NHMA Travel Award.

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