**Research Training Program in Cardiovascular Disease**

**Epidemiology & Prevention**

Application Form

**Instructions:** You must be a U.S. permanent resident.

**Please complete this form and submit it to** (electronic submission preferred):

Aaron R. Folsom, MD

Program in Cardiovascular Disease Epidemiology & Prevention

Division of Epidemiology & Community Health

University of Minnesota School of Public Health

1300 South 2nd Street, Suite 300

Minneapolis, Minnesota 55454-1015

Telephone: (612) 626-8862

FAX: (612) 624-0315

Email: [folso001@umn.edu](mailto:folso001@umn.edu)

**1. Name:**

Female  Male  Non-Binary  Do not wish to provide

**2. Address:**

**City, State, Zip:**

**3. Telephone: (Office)**  (**Home)**

**4. Email:**

**5. Availability date:**

**6. Citizenship:**

U.S. Citizen or Noncitizen National

Non-U.S. Citizen

With a Permanent U.S. Resident Visa (“Green Card”)

With a Temporary U.S. Visa

If not a U.S. citizen, of which country are you a citizen?

**7. Permanent Mailing Address**

**E-mail**

**8. Are you Hispanic (or Latino)?** Yes  No  Do not wish to provide.

**9. What is your racial background? *Check one or more.***

American Indian or Alaska Native  
  Native Hawaiian or other Pacific Islander  
  Asian  
  Black or African American  
  White  
  Do not wish to provide

**10.** **Do you have a disability?**

Yes  No  Do not wish to provide

If yes, which of the following categories describe your disability(ies):

Hearing  Visual  Mobility/Orthopedic Impairment Other

**11. Are you from a disadvantaged background?**

Yes  No  Do not wish to provide

**12. Education:** *(Please attach copies of your college transcripts.)*

Institution, Department, Year Attended Received Major Minor

and Location From To Degree Mo.& Yr. Field Field

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Doctoral thesis (if applicable):

Residency Training Institution (if applicable):

**13. Professional experience:**

Dates Job Title Brief Description Employer Address .

(MM/Yr)

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**14. Other relevant experience:**

**15. Professional licensure and board certification:** *[List type(s) and states of licensure and board certification(s)]*

**16. Professional organizations:**

**17. Scholarly contributions:** *[Attach list of publications and presentations.]*

**18. Briefly describe your research interests in the epidemiology and prevention of cardiovascular disease.**

**19. What are your career goals and how do you see this research training contributing to these goals?**

In evaluating your candidacy, we request that you solicit letters from three references from individuals acquainted with your academic experience and research work. We are particularly interested in their opinion of your research qualifications and potential for an academic and research career. Please have the letters sent to Dr. Aaron R. Folsom at the address listed on the cover page of this application.

**Please list the names and addresses of those references you have requested:**

1.

2.

3.