



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, and Location	Year Attended		Received Degree Mo.& Yr.	Major Field	Minor Field
	From	To			

Doctoral thesis (if applicable):



Residency Training Institution (if applicable):

13. Professional experience:

<u>Dates</u> (MM/Yr)	<u>Job Title</u>	<u>Brief Description</u>	<u>Employer</u>	<u>Address</u>
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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.