

# 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

1. Name:

Female	🗌 Male	Non-binary	Do not wish to provide
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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 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 At	tended	Received	Major	Minor
and Location	From	То	Degree Mo.& Yr.	Field	Field

Doctoral thesis (if applicable):



Residency Training Institution (if applicable):

#### 13. Professional experience:

Dates	Job Title	Brief Description	Employer	Address	
(MM/Yr)					

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.