

UNIVERSITY OF MINNESOTA

**Minnesota Obesity Prevention Training Program**

Application Form

**Instructions:**

Please complete this form and submit electronically as a **single** doc or pdf file to:

Minnesota Obesity Prevention Training Program

Division of Epidemiology & Community Health

University of Minnesota School of Public Health

1300 South 2nd Street, Suite 300

Minneapolis, Minnesota 55454-1015

c/o Andrew Johnson

Email: <joh07644@umn.edu>

**1. Name:**

**2.** **Gender:** 1 Male 2 Female

**3. Address:**

**City, State, Zip:**

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

**5. Email:**

**6. Availability date:**

**7. Citizenship:**

1 U.S. Citizen

#### **Non-U.S. Citizen**

2 Noncitizen National

3 With a currently valid Alien Registration Receipt Card I-551

4 With another verification of legal admission as a permanent resident (describe:      )

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

**8. Permanent Mailing Address**

**E-mail:**

**9. Are you Hispanic (or Latino)?** 1 Yes 2 No 3 Do not wish to provide.

**10. What is your racial background?**  *(Check one or more.)*

1 American Indian or Alaska Native

1 Native Hawaiian or other Pacific Islander

1 Asian

1 Black or African American

1 White

1 Other

1 Do not wish to provide

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

1Yes 2No 3Do not wish to provide

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

1Hearing

2Visual

3Mobility/Orthopedic Impairment

4Other

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

1Yes 2No 3Do not wish to provide

**13. Education:** *For predoctoral applicants, please include copies of your undergraduate and graduate school transcripts.*

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| **institution,**  **department & location .** |  | **years attended**  **(*from–to)*** |  | **degree** |  | **date confered**  ***(mo/yr)*** |  | **major field** |  | **minor field** |
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**14. Professional experience:**

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| **dates *(mo/yr)*** |  | job title |  | brief description |  | **employer** |  | **address** |
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**15. Other relevant experience:**

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**16. Professional licensure and board certification:** *List type(s) and states of licensure and board certification(s).*

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**17. Professional organizations:**

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**18. Scholarly contributions:** *List of publications, abstracts, presentations, and other research activities. Predoctoral applicants can choose to provide an optional writing sample, not required.*

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**19. Awards:**

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**20.** **Program track you are applying for:**

1 Epidemiology/Behavioral 2 Basic Science/Clinical

**21.** **Fellowship position you are applying for:**

1 Predoctoral → *Continue on to Question 22*

2 Postdoctoral → *Skip to Question 23*

**22. If you are applying for a Predoctoral Fellowship, please provide the following information:**

**a.** List the Graduate Program you have applied to:

**b.** Status of Graduate Program acceptance:

**1** Admitted

**2** Admissible pending identification of advisor

**3** Unknown

**c.** Current GPA:

**d. SKIP to Questions 24.**

**23.** **If you are applying for a Postdoctoral Fellowship, please provide the following information:**

**a.** Thesis research topic and/or other research topic (if relevant):

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**b.** Research advisor:

**c.** Residency Training (if applicable):

**1.** Area of Specialization:

**2.** Institution:

**3.** Postgraduate Year (PGY):

**24. Provide a brief personal statement describing your specific research interests and reason for pursuing this obesity-prevention training program.**  *(Limit to one page)*

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

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**26. Mentor Information:** *Indicate the mentor(s) that you are interested in working with. See the list of program faculty at the end of this application. We strongly encourage all applicants to contact preferred mentor(s) directly prior to submitting an application.*

• Primary Research Mentor from Program Faculty:

• Co-mentor from Program Faculty:

• Academic Adviso*r (if different from primary and co-mentors)*:

**27. References:***In evaluating your candidacy, we request that you solicit letters of reference from three 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 email Andrew Johnson at* [*joh07644@umn.edu*](mailto:joh07644@umn.edu) *to provide the names your references at least 2 weeks in advance of the application due date. Individuals should emailed their letters of reference directly to Andrew Johnson at* [*joh07644@umn.edu*](mailto:joh07644@umn.edu) *before the application due date.*

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

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| 1. |  |
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**Minnesota Obesity Prevention Training Program**

**Program Faculty**

|  |  |  |
| --- | --- | --- |
| **Tracks:** | **Epidemiology/Behavioral** | **Basic Science/Clinical** |
| **Leaders:**  **Faculty Mentors:** | *Melissa Laska*  *Nancy Sherwood*  Katherine Arlinghaus  Ellen Demerath  Simone French  Jayne Fulkerson  Sarah Gollust  Lisa Harnack  Abigail Johnson  Melissa Laska  Jennifer Linde  Traci Mann  Susan Mason  Dianne Neumark-Sztainer  Mark Pereira  Nancy Sherwood  Lyn Steffen  Rachel Widome | *Catherine Kotz*  Emilyn Alejandro  Alessandro Bartolomucci  David Bernlohr  Xiaoli Chen  Lisa Chow  Carrie Earthman  Daniel Gallaher  Aaron Kelly  Do-Hyung Kim  Catherine Kotz  Mindy Kurzer  Douglas Mashek  Timothy O’Connell  John Osborn  Carol Peterson  Xavier Revelo  Hai-Bin Ruan  Elizabeth Seaquist |

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