

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](joh07644%40umn.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?**

 1[ ] Yes 2[ ] No 3[ ] Do not wish to provide

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

 1[ ] Hearing

 2[ ] Visual

 3[ ] Mobility/Orthopedic Impairment

 4[ ] Other

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

 1[ ] Yes 2[ ] No 3[ ] Do 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* *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* *before the application due date.*

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

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| 1. |       |
| 2. |       |
| 3. |       |

**Minnesota Obesity Prevention Training Program**

**Program Faculty**

|  |  |  |
| --- | --- | --- |
| **Tracks:** | **Epidemiology/Behavioral** | **Basic Science/Clinical** |
| **Leaders:****Faculty Mentors:** | *Melissa Laska**Nancy Sherwood*Katherine ArlinghausEllen DemerathSimone French Jayne FulkersonSarah GollustLisa HarnackAbigail JohnsonMelissa LaskaJennifer LindeTraci MannSusan MasonDianne Neumark-SztainerMark PereiraNancy SherwoodLyn SteffenRachel Widome | *Catherine Kotz*Emilyn AlejandroAlessandro BartolomucciDavid BernlohrXiaoli ChenLisa ChowCarrie EarthmanDaniel GallaherAaron KellyDo-Hyung Kim Catherine KotzMindy KurzerDouglas MashekTimothy O’ConnellJohn OsbornCarol PetersonXavier ReveloHai-Bin RuanElizabeth Seaquist |

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