



National Institutes of Health Senior Fellow Program Candidate Information Form

Candidate Name: _____
Title First M.I. Last

Current Position/Status: Scientist Faculty Other

Highest Degree: _____ **Date Conferred:** _____

Discipline: Medicine Public Health Life Sciences Other:

Current Institution: _____
Department: _____
Address: _____
City State Zip Code

Office Phone: _____ **Dept. Phone:** _____ **Fax:** _____

Home Phone: _____ **Email:** _____

Permanent Address: _____

Preferred Mailing Address: _____

Citizenship:
 U.S. Citizen: Yes No
 Lawful Permanent Resident: Yes No LPR number: _____
 Country of Citizenship: _____ Type of Visa: _____

Please indicate the Institutional Center of interest to you:

NIH Center Name: _____

Proposed Assignment Period: _____

Title/Purpose of Position Assignment: _____

Please include a copy of your current curriculum vita with this application.

I understand that all information supplied in support of this application will be transmitted to the National Institutes of Health.

Signature _____ Date _____

Return to: Barbara Dorsey, Project Manager
 Science Education Programs, MS 36
 Oak Ridge Institute for Science and Education
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