



Application Form

Name: _____

Phone number: _____

Email address: _____

Mailing address: _____

Degree (select all that apply):

- ☐ MD, Date earned _____
- ☐ PhD, Date earned _____
- ☐ DO, Date earned _____
- ☐ ScD, Date earned _____

Have you identified one or more potential mentors with whom you would like to work?

- ☐ Yes, enter name here _____
- ☐ No, we will help match you with a mentor based on your interests.

Which of the following research areas interests you most?

(place a "1" next to the research area that interests you most, "2" next to the area that interests you second most, and "3" next to the area that interests you the least)

_____ cancer risk, screening, and early detection

_____ cancer diagnosis and treatment

_____ palliative care and survivorship

Candidates must be U.S. citizens or permanent residents ("green card" holders) at the time of their appointment.

Which three (3) of the following health services research areas interest you most?

(place a "1" next to the research area that interests you most, "2" next to the area that interests you second most, and "3" next to the area that interests you the least)

_____ qualitative research, survey research, and patient-reported outcomes

_____ observational research including comparative effectiveness and pharmacoepidemiology

_____ intervention studies

_____ clinical informatics, mobile/electronic health and machine learning/artificial intelligence

_____ implementation science

_____ health policy, health economics, and decision science

Which clinical discipline best describes your expertise or interest?

(select all that apply)

- ☐ primary care
- ☐ medical oncology
- ☐ pediatric oncology
- ☐ surgical oncology
- ☐ radiation oncology
- ☐ palliative and supportive care
- ☐ psychiatry and behavioral health
- ☐ cancer genetics