TOPSProgram
Training in Oncology Population Sciences
T32 Postdoctoral Fellowship Program

# 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 _____

## Do you know the name of the mentor 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