



**Latino Center for Medical Education & Research
Hispanic Center of Excellence**

Research Fellowship

APPLICATION INFORMATION

Please complete the following application and provide any additional information you believe may be helpful to consider. Applicants wishing to be considered for entrance into the program for July 1, 2005, must submit their application form and all supporting materials by May 31, 2005.

Applicants wishing to obtain a Master of Public Health degree will need to submit a separate application to those programs.

For more information: visit our website at:
<http://www.ucsfresno.edu/latinocenter>

Applicants are strongly urged to talk with:
Program Director, Alvaro Garza, MD, MPH, UCSF Fresno
(559) 241-7670

**APPLICATION
FOR**

**University of California San Francisco, Fresno
Latino Center for Medical Education & Research**

HCOE Research Fellowship

Please Type

Name:

Highest Degree(s):

Discipline:

Current Position:

(University or Employer)

Deadline: May 31, 2005

Correspondence should be addressed to:

Alvaro Garza, MD, MPH
Research Director
UCSF Fresno LaCMER
550 East Shaw Ave., Ste. 210
Fresno, CA 93710

Email: alvaro.garza@ucsfresno.edu Phone: (559) 241-7670 Fax: (559) 241-6585

Website: [http:// www.ucsfresno.edu/latinocenter](http://www.ucsfresno.edu/latinocenter)

_____ last name

Home address: _____

Home Phone: () _____ Work Phone: () _____

Email: _____ Fax: () _____

Pager/Cell Phone: () _____

Office Address: _____

Indicate preferred mailing address: _____ office _____ home

Date of Birth: _____ \ _____ \ _____ Country of Origin: _____
(If not the U.S.)

References:

Please provide below the names, addresses, titles, and telephone numbers of three individuals who you have asked to send reference letters on your behalf.
(Note: letters of reference must be received by the application deadline.)

1) Name/Title _____

Organization _____ Phone/Voicemail: _____

Address _____

City ST Zip _____ Email: _____

2) Name/Title _____

Organization _____ Phone/Voicemail: _____

Address _____

City ST Zip _____ Email: _____

3) Name/Title _____

Organization _____ Phone/Voicemail: _____

Address _____

City ST Zip _____ Email: _____

_____ last name

Please indicate the graduate and undergraduate institutions that you have attended.
Begin with most recent:

Degree	Institution	Major/Field of Study	Dates (Mo./Yr.) attended
_____	_____	_____	_____ To _____
_____	_____	_____	_____ To _____
_____	_____	_____	_____ To _____
_____	_____	_____	_____ To _____

Date M.D. or other doctoral degree received: _____

How did you learn about the HCOE Research Fellowship?

Areas of Interest:

Please list specific areas of Latino community health in which you would be most interested if selected for a fellowship.

1. Based on your knowledge of faculty at UCSF Fresno, please indicate any faculty mentors with whom you would be particularly interested in working during your fellowship. Your mentor may incorporate you as a collaborator in his/her research activities and will advise you regarding new research projects that you may initiate. The mentor will also assist you in your career development, provide guidance to help develop a program of research in your field of interest, and facilitate contacts with other researchers.

_____ last name

Please identify faculty with whom you have already spoken about being a potential mentor. Also indicate if you have already reached an agreement with a faculty member to be your primary mentor. If you do not know about the faculty yet, please indicate if you need information about potential mentors.

- _____
- _____
- _____

2. Personal Statement: Please discuss the following three issues in a single typewritten page (single spaced, normal font):

- a. Public health or research experience relevant to work in the Latino Center for Medical Education & Research.
- b. Life experiences that have played a significant role in your development and direction, or other special qualifications that may be helpful in evaluating your application.
- c. Training and research experience that you hope to obtain. Career goals. Be as specific as possible.

3. Please append at least one example of your writing. This demonstration of your productivity is one of the most important parts of your application. It can be an article, report, or some other document that you personally wrote. For articles with several authors, please specify the nature of your contribution.

4. Curriculum Vitae: Please append a recent CV that provides the following information.

- Undergraduate colleges attended, including institution name, location, years attended, major discipline(s) studied, and degree received.
- Graduate or professional schools attended, including institution name, location, years attended, major discipline(s) studied, and degree received.
- Residency and other postgraduate training, including institution name, location, years attended, specialty, and any degree received.
- Honors and awards, including scholarships.
- Publications or papers presented at professional meetings.
- Previous employment (other than residency), including job title, years worked in the position, and type of work performed.

_____ last name

5. Furnishing the information requested below is voluntary. There is no penalty for not providing the information. Please indicate your ethnic identity by checking the appropriate boxes:

Ethnicity:

- | | | | |
|--------------------------|--------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | Native American/Alaskan native | <input type="checkbox"/> | Japanese/Japanese-American |
| <input type="checkbox"/> | Black/African-American | <input type="checkbox"/> | Korean/Korean-American |
| <input type="checkbox"/> | Latino/Hispanic | <input type="checkbox"/> | Other Asian |
| <input type="checkbox"/> | Chinese/Chinese-American | <input type="checkbox"/> | Polynesian |
| <input type="checkbox"/> | East Indian/Pakistani | <input type="checkbox"/> | White/Caucasian |
| <input type="checkbox"/> | Filipino/Filipino-American | | |
| <input type="checkbox"/> | Other, please specify: _____ | | |

6. Please sign your application below:

_____ Date

_____ Signature