

# Application for Postdoctoral Fellowship Training

## General Instructions for Completion of this Application

\* Each section must be **complete** and **legible** or your application will be deemed incomplete and returned to you. This pertains to any attachment you include with the application.

- < The verification process on your education, training, and experience will not begin until a completed application has been received.
- < Do not refer to an enclosed curriculum vitae in lieu of completing a section. A CV does not usually contain all the information needed (e.g., complete dates, addresses, names, etc).
- < If a section does not apply to you, write in N/A. Do not leave any block blank.

\* **All chronology must be accounted for from the completion of your professional degree, to the present.** Gaps of one month or more will cause the verification process to be delayed until you provide an explanation. Delays can also be caused by incomplete names and addresses - - please provide complete information in all sections.

\* If additional space is needed, attach additional pages (make reference to the question being answered) or, copy the blank application page as often as necessary to provide complete information. Keep these additional pages in sequence with corresponding application pages.

### Policy Statement on Criminal Background Investigations

It is the policy of the Johns Hopkins University School of Medicine to require criminal background investigations on prospective students in any professional or graduate program at the School of Medicine, interns, residents and clinical fellows in any Graduate Medical Education program sponsored by Johns Hopkins, and other clinical and research postdoctoral fellows at the School of Medicine.

This offer is contingent upon a satisfactory report from your criminal background investigation, receipt of appropriate documentation verifying doctoral degree completion from the granting institution and review and approval of your credentials by the Office of Postdoctoral Programs.

Johns Hopkins University  
School of Medicine  
Edward D. Miller Research Building  
733 North Broadway, Suite 147  
Baltimore, Maryland 21205

**APPLICATION FOR APPOINTMENT AS RESEARCH FELLOW**

Department/Division: \_\_\_\_\_ Begin Date: \_\_\_\_\_

Scientific Interest/Area of Research: \_\_\_\_\_

**Instructions:** Complete all sections (please print or type all responses). If a section does not pertain to you, mark as N/A (not applicable). Do not leave any section blank nor make reference to an attached CV.

1. Name:	Last	First	Middle
2. Other Name Used:	Last	First	Middle
3. United States Social Security Number:			
4. Current / Local Address (include street, city, state, and zip):			
5. Current / Local Telephone Number:			
6. Permanent Address (include street, city, state, and zip):			
7. E-mail Address:			
8. Emergency Contact:			
Name	Relationship	E-mail address	Telephone Number
_____	_____	_____	_____
9. Citizenship: Are you a citizen of the United States: Yes ____ No ____ If no, complete the following:			
Citizenship _____		Visa Type _____	
Entrance Date into U.S. _____		Length of Stay Valid to _____	

10. College(s) Attended (undergraduate education):

Name(s) of School : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_  
 Dates Attended (Start/End): \_\_\_\_\_ Degree(s) Conferred: \_\_\_\_\_

(Use continuation sheet, if necessary)

11. Professional Education or other doctoral program:

Name(s) of School : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_  
 Dates Attended (Start/End): \_\_\_\_\_ Degree(s) Conferred: \_\_\_\_\_

(Use continuation sheet, if necessary)

12. Have you ever been dismissed from a college, university or employment: No \_\_\_\_ Yes \_\_\_\_ . If yes, please provide details: (Use continuation sheet if necessary)

Have any of your research activities been subject to disciplinary actions: No \_\_\_\_ Yes \_\_\_\_ . If yes, provide details (Use continuation sheet if necessary).

13 a. List any previous postdoctoral appointments since completion of doctoral degree, in chronological order:

Name(s) of School or Institution : \_\_\_\_\_  
 Country : \_\_\_\_\_  
 Dates Attended (Start/End): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Clinical: No \_\_\_\_ Yes \_\_\_\_  
 Discipline: \_\_\_\_\_ If "other" discipline, specify: \_\_\_\_\_  
 Name(s) of School or Institution : \_\_\_\_\_  
 Country : \_\_\_\_\_  
 Dates Attended (Start/End): \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Clinical: No \_\_\_\_ Yes \_\_\_\_  
 Discipline: \_\_\_\_\_ If "other" discipline, specify: \_\_\_\_\_

13 b. List any other employment/professional experience since the completion of doctoral degree, in chronological order:

Name(s) of Employer : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_  
 Dates Employed (Month/Years): \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Name(s) of Employer : \_\_\_\_\_  
 Mailing Address : \_\_\_\_\_  
 Dates Employed (Month/Years): \_\_\_\_\_ Position Title: \_\_\_\_\_

(Use continuation sheet, if necessary)

14. Please explain any gaps in training, appointments or employment since receipt of professional degree. **Any gap of one month or more must be explained.**

(Use continuation sheet, if necessary)

15. Awards and Honors Received:

16. Publications (attach list in lieu of listing here):

17. Languages Spoken:

18. Professional References: Names and addresses of individuals who have worked extensively with you or have been responsible for professional observation of you. Do not list: relatives by blood or marriage nor persons who cannot attest to your current level of professional competency and technical skills.

Name	Mailing Address	Day-time Telephone
_____	_____	_____
	_____	Email _____
	_____	
	_____	
_____	_____	_____
	_____	Email _____
	_____	
	_____	
_____	_____	_____
	_____	Email _____
	_____	
	_____	

**Continuation Page:** Use this page to document additional information. Please make reference to the number of the question being answered. Copy as necessary.

**Statement of Applicant:**

-- I fully understand that any significant misstatements in, or omissions from, this application may constitute cause for denial of appointment to or summary dismissal from, The Johns Hopkins University.

-- All information submitted by me in this application is true to the best of my knowledge and belief.

-- I authorize the University and its representatives to consult with institutions and their representatives and others, in regard to this application.

-- I release from liability the University, its representatives and agents for their actions or omissions performed in good faith and without malice in evaluating the application as well as those who provide information to the University in good faith and without malice, and I consent to the release of such information, including otherwise privileged or confidential information.

-- I consent to the release of information to other institutions and persons with a legitimate interest and agree to hold the University, its representatives and agents free of liability for their actions performed in good faith as a part of the credentialing process.

-- I understand that the information required herein is continuing in nature and I agree to provide any changes in the information provided; i.e., address, name, employment, professional appointment, etc. I agree to furnish, upon request, an update on any information provided in this application.

*A copy of this Statement of Applicant may be used as original authorization to verify information in this application.*

Date \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

The Johns Hopkins Institutions do not discriminate on the basis of race, color, gender, religion, age, national or ethnic origin, sexual orientation, disability, marital or veteran status, or any other occupationally irrelevant criteria.

## Postdoctoral Fellow Intake Information Form

This form must be completed by all research postdoctoral fellows and non-ACGME fellows and submitted with the Application for Postdoctoral Fellowship Research Training.

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1. Which of the following will be your primary activity during your postdoctoral fellowship? (*select only one*)

Basic Science Research

Clinical Research

Teaching

Translational Research

Other: (*please describe*) \_\_\_\_\_

2. How many years do you plan to be in this postdoctoral fellowship? (*select only one*)

< 1 year

1 year to < 2 years

2 to < 3 years

3 to < 4 years

4 to < 5 years

5 or more years

3. After your fellowship, where do you plan to work? (*select only one*)

United States

Other Country: (*please enter*) \_\_\_\_\_

4. What position do you plan to obtain at the conclusion of this fellowship? (*select only one*)

Academia – Non-Tenure Track (e.g., staff scientist, research associate)

Academia – Tenure Track

Mainly Research

Mainly Teaching

Research and Teaching, Equally

Another Postdoctoral Fellowship

Clinical Residency

Clinical Fellowship

Clinical/Private Practice

Clinician Educator

Research in Government (e.g., National Institutes of Health, Food and Drug Administration)

Research in Industry (e.g., biotech, pharma)

Other Science-Related, Non-Research (e.g., government, industry, law, outreach, science writing)

Other: (*please describe*) \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT FOR  
MEDICAL STAFF, RESIDENT STAFF AND OTHER CREDENTIALLED PRACTITIONERS**

I understand that I will require various types of information to perform my duties for Johns Hopkins Medicine (which may include Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins Community Physicians, Howard County General Hospital, Suburban Hospital, Sibley Memorial Hospital or other affiliated organizations) (hereinafter “Johns Hopkins”). This information may include, but is not limited to, information on patients, employees, students, other workforce members, donors, research, and financial and business operations (collectively referred to as “Confidential Information”). Some of this information is made confidential by law (such as “protected health information” or “PHI” under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential Information may be in any form, e.g., written, electronic, oral, overheard or observed. I also understand that access to all Confidential Information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform my professional duties.

By signing below, I agree to the following:

- I will review the Johns Hopkins policies on confidentiality and privacy, including the Notice of Privacy Practices, and the Medical Staff bylaws applicable to the entity or entities providing privileges. The policies applicable to me will be made available to me by Johns Hopkins.
- I will access, use and disclose Confidential Information in keeping with the abovementioned policies and only on a need-to-know basis.
- I will contact my department or division head in order to obtain proper permission before I make any other use or disclosure of Confidential Information. If I am the department or division head, I will seek advice from the Health System or University Legal Counsel or the Johns Hopkins Privacy Office to assure that the use or disclosure is within the law and Johns Hopkins policies.
- I will not post or discuss Confidential Information, including pictures and/or videos on my personal social media sites (e.g. Facebook, Twitter, etc.). Likewise, I will not post or discuss Confidential Information on Johns Hopkins-sponsored social media sites without the appropriate approval in accordance with established Johns Hopkins policies and procedures.
- I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices, with respect to Confidential Information, in accordance with Johns Hopkins policies only.
- I will protect the confidentiality of all Confidential Information, including PHI, while at Johns Hopkins. I will not remove any Confidential Information from Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my situation.



If I knowingly violate this agreement, I will be subject to disciplinary action under the Medical Staff Bylaws and, if I am employed by a Johns Hopkins entity, under applicable Johns Hopkins policies. In addition, under applicable law, I may be subject to criminal or civil penalties. I have read and understand the above and agree to be bound by it. I understand that signing this agreement and complying with its terms is a requirement for me to work and attend patients at Johns Hopkins.

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Johns Hopkins Dept/School: \_\_\_\_\_

Johns Hopkins Badge #: \_\_\_\_\_

### **Use of Confidential Information at Johns Hopkins**

It is important that the entire Johns Hopkins Medicine community share a culture of respect for Confidential Information. To that end, if you observe access to or sharing of Confidential Information that is or appears to be unauthorized or inappropriate, please try to make sure that this use or disclosure does not continue. This might include advising the person involved that they may want to check the appropriateness of the use or disclosure with the Johns Hopkins Privacy Office or the Health System or University Legal Counsel. It may also involve letting your department or division head (if applicable) or others in authority at the Health System or the University know about the issue or possible issue. Use of the Compliance Hotline (telephone #: 1-844-SPEAK2US (1-844-773-2528)) allows this to be done anonymously, if need be.

Place original signed copy of this Agreement in the Medical Staff, Resident Staff or other Credentialed Practitioner's Credentialing File.

Copy to medical or credentialed practitioner.

A.3.4.a