

**School of Dentistry
University of Washington
Questionnaire to Applicants for Postdoctoral Training (R90)**

Applicant Information

Name (Last, First, Middle)

Permanent Address

City, State **Country** **Zip Code**

Present Address (if different)

City, State **Country** **Zip Code**

Phone number **E-mail address**

Are you a United States citizen or non-citizen national? Yes
No

If not a U.S. citizen, are you a permanent resident? Yes
No

If you have a clinical degree, please indicate the: 1) clinical degree, 2) field of any advanced specialty or residency training, and 3) locations that you are licensed to practice.

Prior Academic History

List names of all collegiate schools attended, order of attendance. Also include residencies and experience with military and/or federal corps.

1. College School Name

Location: City, State, ZIP code

Attended From/To

2. College School Name

Location: City, State, ZIP code

Attended From/To

3. College or School Name

Location: City, State, ZIP code

Attended From/To

Insert Additional training in the text box above: What? Where? When?

Research experience, grants, publications, presentations: (Limited to 3200 characters)

Academic or professional honors received:

**Have you applied
previously to this
training grant?**

Yes

No

If yes, when?

If you are a clinician, are you currently in private practice? Where? When? What field?

Please indicate how you became interested in graduate or postgraduate work and why you are specifically interested in the University of Washington (UW)? Please specify who, if anyone, advised you to seek training at the UW. (Limited to 1600 characters)

Have you had any teaching experience? Where? When? How long? What did you teach? What was your role? (Limited to 1600 characters)

What are your long-term career goals? Describe what you would like to accomplish during postdoctoral training (including any graduate degrees you wish to pursue) and indicate how this will help you achieve your goals. [R90 eligible graduate programs are in: Oral Health Sciences, Biostatistics, Epidemiology, Health Systems & Population Health. To be admitted to these graduate programs, you must apply directly to them by their deadline.] Please limit your response to 3200 characters)

Diversity Experience Statement:

Please describe a situation in which you had to work across social differences to accomplish a goal, or a time when you were different from those around you. What did you learn? What might you consider doing differently if you encountered a situation like that again? Please limit response to 3200 characters

The R90 training slot is filled in accordance with the guidelines provided by the funding agency. The following information is important for you to understand when considering whether to apply for the R90 training position. Bolding and underlining has been added to draw your attention to particularly important information. These criteria will be considered by the selection committee when it reviews applications for the R90 position.

R90 Participants (Below is an excerpt from this section) <<https://grants.nih.gov/grants/guide/pa-files/par-20-056.html>>

The non-NRSA component (R90) of the program supports postdoctoral research education experiences for individuals who have valid dental degrees from an accredited domestic or foreign institution who do not meet the T90 NRSA eligibility criteria, and **are pursuing independent dental, oral and craniofacial research careers. Eligible postdoctoral participants include individuals with a dual dental degree and a Ph.D. and individuals with a dental degree who may or may not be pursuing a Ph.D. degree.** Clinical training is not allowed, and a R90 appointment may not be made for the purpose of satisfying state board requirements for obtaining a U.S. license to practice dentistry.

The R90 Participants are expected to be recruited from among the pool of non-citizen dentist scientists currently residing in the U.S., and who intend to pursue careers in dental, oral or craniofacial research at organizations located in the U.S.

R90 Participants are normally selected by a Program Director for 12-month appointment periods, and no Participant may be appointed for less than 9 months during the initial period of appointment, except with prior approval of the NIDCR. Support for additional years is based on satisfactory progress and the continued availability of funds. All participants are required to pursue their research training full time, normally defined as 40 hours per week, or as specified by the sponsoring institution in accordance with its own policies. R90 Participants may receive up to 3 years of R90 and T90 support (if an individual's T90 eligibility status changes during R90 support).

- 1) Do you have a valid dental degree from an accredited domestic or foreign institution. YES NO
- 2) Are you a citizen or permanent resident of the USA. YES NO
- 3) Do you want to pursue an independent research career in the field of dental, oral, and craniofacial research? YES NO
- 4) I understand that clinical training is not allowed on the R90 and that an R90 appointment is not for the purpose of satisfying state board requirements for obtaining a U.S. license to practice dentistry. YES NO
- 5) Will you be residing in the U.S. prior to being appointed on the R90 and do you attend to pursue a career in dental, oral, or craniofacial research at organizations located in the U.S.? YES NO

You may add additional information to clarify any of your answers to the 5 items listed above in the text box below. 2000 Characters or less.

This application is for the R90 training slot that requires the trainee to be appointed at the University of Washington between July 1, 2023 and June 16, 2024. Enter the date, or range of dates, when you would be available to start.

Names, addresses, and ZIP codes of three professional references:

Reference # 1

Name
Address
Phone No./ E-mail

Reference # 2

Name
Address
Phone No./ E-mail

Reference # 3

Name
Address
Phone No./ E-mail

Applicant: **1. Please elect to waive or retain your right of access on the top of the Evaluation form and provide one evaluation form to each of the three above-listed professional references.**

Date of Application: _____ **(Signature of Applicant)** _____

2. Please enclose a current CV with this application

3. Please enclose an academic transcript with this application from the institution where you earned your doctoral degree (e.g., PhD, dental degree, medical degree).

The University of Washington provides equal opportunity in education without regard to race, color, national origin, sex, or handicap in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Vocational Rehabilitation Act of 1973, and Sections 799A and 855 of the Public Health Service Act.

NOTE TO APPLICANT:

This form should be sent via e-mail to dentres@uw.edu.

Once you have completed filling out this form. If you are unable to save as PDF, please print it, take a picture of it, or scan it back to digital file form, and email it.

Diversity

The Public Health Service and the University of Washington have continuing commitments to monitoring the operation of their review and award processes to detect – and deal with – any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of proposed applicants.

To provide them with the information they need for this important task, you are asked to complete the form and return it separately from the questionnaire. This information will not be part of the review process. Data will be confidential. All analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

Your cooperation will be appreciated. If you decline to provide this information, it will in no way affect consideration of your application.

1. Are you Yes No Choose not to answer
Hispanic?
(check one)

2. Please check any or all that apply:

- American Indian or Alaska
- Native Asian
- Black or African American
- Native Hawaiian or other Pacific
- Islander White
- Other
- Choose not to answer

3. Do you have a physical or mental impairment that substantially limits one or more major life activities? (Check one)

- Yes No Choose not to answer

4. Have you ever qualified for one or more of the following awards? (check one)

- Federal disadvantaged assistance
- Health Professional Student Loans (HPSL) or Loans for Disadvantaged Student Program
- Scholarships from the U.S. Department of Health and Human Services under Scholarship for Individuals with Exceptional Financial Need

- Yes No Choose not to answer

5. In your immediate family, are you among the first generation to attend graduate professional school? (Check one)

- Yes No Choose not to answer

6. Are you from a disadvantaged background? (check one)

- Yes No Choose not to answer

According to NIH, individuals from disadvantaged background are defined as:

1. Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>.

2. Individuals who come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.