

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

**Applicant Information**

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Name (Last, First, Middle)	<input type="text"/>		
Permanent Address	<input type="text"/>		
City, State	Country	Zip Code	<input type="text"/>
Present Address (if different)	<input type="text"/>		
City, State	Country	Zip Code	<input type="text"/>
Phone number	E-mailaddress	<input type="text"/>	

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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, in what states, if any, are you licensed to practice?

Where do you intend to practice or teach?

**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 or School Name

Location: City, State, ZIP code

Attended From/To

2. College or School Name

Location: City, State, ZIP code

Attended From/To

**3. College or School Name**

**Location: City, State, ZIP code**

**Attended From/To**

**Additional training: Where? When?**

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

**Academic or professional honors received:**

**Have you applied previously?** Yes   
No

**If yes, when?**

**Are you in private practice?**

**Where? When? What field?**

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**Please indicate how and when you became interested in graduate or postgraduate work, and by whom you were advised to seek training at the University of Washington. (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.  
(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**

[Empty text box for response]

When is the earliest date you anticipate being able to start the postdoctoral fellowship?

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

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**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.
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).

Date of Application: \_\_\_\_\_

(Signature of Applicant) \_\_\_\_\_

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.

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**NOTE TO APPLICANT:**

This form should be sent via e-mail to [dentres@uw.edu](mailto: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

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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 Hispanic?  Yes  No  Choose not to answer  
(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.