

ORISE Research Participation at the CDC

General Instructions

1. All documents must be in English or include an official English translation.
2. Complete the application form, and attach the following:
 - a. Resume or Curriculum Vitae, including academic history, employment history, relevant experiences, and publication list.
 - b. If insured, proof of insurance. (*Insurance may be obtained through ORISE.*)
3. Request reference from **two** persons (*including your thesis or dissertation adviser, if applicable*) who are familiar with your professional or educational qualifications.
4. Send degree-granting or most recent transcript(s) to the address below.
5. Most of the Research Participation Programs at the CDC do **NOT** have application deadlines; applications are accepted on a continuing basis.

Fax or mail documents to: (***DO NOT** mail originals, if they have been faxed.*)

ORISE, CDC Programs
Oak Ridge Institute for Science and Education
P.O. Box 117, M.S. 36
Oak Ridge, TN 37831-0117

For Overnight Delivery:
ORISE, CDC Programs
230 Warehouse Road
Oak Ridge, TN 37830

FAX: (865) 241-5219 – Attn: CDC Programs

Application *(continued)*

6. Describe the educational and professional goals you expect to achieve as a result of participating in this program.

7. How did you learn about this program? _____

8. Do you have current health insurance? Yes No If yes, attach copy of insurance card.

9. Attach Resume or Curriculum Vitae (**MUST** include the following information.)

- Academic History (institution, dates, degree, major, GPA)*
- Employment Record (current employer, salary, dates, part-time or full-time)*
- Relevant Research Experiences*

10. Remember to send transcripts and references to address below.

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Demographic Information

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your submission of this information will assist us in this regard. We appreciate your cooperation. If you decline to provide this information, it will in no way affect consideration of your application.

Race/Ethnicity: *(check one only)*

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African
- Caucasian
- Hispanic
- Other: _____

Sex:

- Female
- Male

Date of Birth:

Month: _____ **Day:** _____ **Year:** _____

Disability: *(physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)*

- Yes
- No

