



# Nuclear Regulatory Commission Faculty Research Participation Program

## Faculty Application *Please type or print clearly*

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Institution \_\_\_\_\_

Address \_\_\_\_\_  
Street, P.O. Box, Apt. No.  
City State Zip

Office Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Cell Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street, P.O. Box, Apt. No.  
City State Zip

Citizenship: Are you a U.S. Citizen? ( ) Yes ( ) No If LPR, Country \_\_\_\_\_  
(Required for some programs)

If no, are you a Legal permanent resident? ( ) Yes ( ) No If LPR, Number \_\_\_\_\_

**If not a U.S. Citizen, please rate your fluency in English** on a scale of 1 to 5 with 1 being the least fluent and 5 being the most fluent.

Read 1  2  3  4  5   
Write 1  2  3  4  5   
Speak 1  2  3  4  5

### Education

Institution or Campus	From	To	Degree	Date Awarded or Expected	Major

**List computer languages with which you are familiar and your level of proficiency (very good/good/fair)**

a.	b.	c.
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Nuclear Regulatory Commission
Faculty Research Participation Program

Relevant Employment Record (begin with current)

Table with 4 columns: Employer, Dates, Position/Rank, Nature of Work

List two professional references who have been asked to transmit recommendations directly to ORISE.

Form with two columns for reference 1 and reference 2

Indicate your first and second choice of federal facility. See list below.

Form with two columns for choice 1 and choice 2

- List of federal facilities including Lawrence Berkeley National Lab, Lawrence Livermore National Lab, Los Alamos National Lab, Oak Ridge National Lab, Pacific Northwest National Lab, Sandia National Lab, Savannah River Site, Southwest Research Institute, Idaho National Lab, Ames National Lab

List names of research advisors and facilities from previous ORISE appointments, if any.

Form with two columns for listing advisors and facilities

How did you learn about this program?

- Journal advertisement, University faculty advisor or other university staff, Professional society meeting, Newspaper, journal article, or bulletin board posting, Web search/Web site, Other

I understand that information supplied in support of this application will be transmitted to the facilities I have chosen.

Signature of Applicant

Date



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## **Description of Current and Previous Research**

Please list current and previous research projects that you have participated in (list in chronological order) and provide a brief description of each. (Use the back of this form or attach additional sheets if necessary.) **Please type or print clearly.**

Name of applicant \_\_\_\_\_  
Last First Middle

Institution \_\_\_\_\_ Department \_\_\_\_\_

Address \_\_\_\_\_

### **Research**



**Nuclear Regulatory Commission  
Faculty Research Participation Program**

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## Reference Form

Please use this form to state your opinion regarding the applicant's potential ability in his/her field as well as any additional comments you believe appropriate. (A letter may be substituted for this form if more convenient.) Please type or print clearly.

Name of applicant \_\_\_\_\_  
(last, first, middle)

Institution \_\_\_\_\_

Now long and in what association have you known the applicant?

Comments:

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**Signature**

**Printed Name**

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**Title**

**Date**

Return to: NRC HBCU Faculty Research Participation Program, Science Education Programs, **Attn: Pat Pressley**, Oak Ridge Institute for Science and Education, P.O. Box 117, Mail Stop 36, Oak Ridge, Tennessee 37831-0117, Phone (865) 576-3409, Fax (865) 241-5220, E-mail: [pat.pressley@orau.org](mailto:pat.pressley@orau.org)



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## Nuclear Regulatory Commission Faculty Research Participation Program

### Instructions

This form should be completed by the institutional administrative officer and returned to:

#### **NRC HBCU Faculty Research Participation Program**

Science Education Programs

**Attn: Pat Pressley**

Oak Ridge Institute for Science and Education

P.O. Box 117, Mail Stop 36

Oak Ridge, Tennessee 37831-0117

Certification for \_\_\_\_\_  
Applicant's Name Institution

1. Applicant's employment contract/agreement with this institution is  full-time or  part-time.
  - a. Months of required service \_\_\_\_\_.
  - b. Base of academic salary for required service excluding all fringe benefits\* \$ \_\_\_\_\_ effective \_\_\_\_\_.

Do not include extra pay for summer school teaching, overtime teaching, special payment for contract work, consultant fees, or any other compensation not covered by the contract.

2. For faculty employed for 10 or more months per year, provide a statement of the institution's policy regarding participation in outside activities for which a gratuity may be provided.
3. If the individual or the institution wants the certification of salary to be privileged information, check the appropriate box. Yes  No

Disclosure of this information is subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy regulations as published in the *Federal Register*, September 30, 1977.

The information submitted above will be used solely to determine the applicant's monthly salary or stipend as appropriate if an appointment is offered.

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

Typed name and title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\*Academic-year applicants (sabbatical) must include a statement describing the financial arrangements with their institutions, including fringe benefits paid by applicant's institution. State as a percentage of salary and itemize.



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## Applicant Data

Applicant data is important in assessing the effectiveness of our efforts to solicit applications from a Diverse Population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will be affect our decision regarding your application. We appreciate your cooperation.

Name \_\_\_\_\_ Date \_\_\_\_\_

Citizenship:     USA  
                   Legal Permanent Resident Alien (LPR)  
                   Foreign National - Country \_\_\_\_\_

If US citizen, please complete:  
Race and/or Ethic Origin (check one)

**Race** (Check one)

- (    ) Caucasian American
- (    ) African American
- (    ) Hispanic American
- (    ) Native Indian
- (    ) Asian or Pacific Islander American
- (    ) Other

Birth Date \_\_\_\_\_  
(month, day, year)

Gender:    Male                        Female   

Physical/mental disability (Physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment): Yes        No   

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